

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

| <u>A 1</u> | or the | 2017 calendar year, or tax year beginning 00L 1, 2017 and | enaing U | UN 30, ∠UI8 | | | | | |
|-------------------------|------------------------|--|---------------|------------------------------|---|--|--|--|--|
| B (| Check if applicabl | C Name of organization | | D Employer identifi | cation number | | | | |
| | Addre chang Name | | | | | | | | |
| L | chang | Doing business as | | 80-0 | 919680 | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numbe | | | | | |
| | □Final return | 2723 PATTON ROAD | | 612- | 568-4003 1,677,248. | | | | |
| | termir ated | | | | | | | | |
| | Amen return | ROSEVILLE, MN 55113 | | H(a) Is this a group r | eturn | | | | |
| | Application | F Name and address of principal officer: ROB WILLIAMS | | for subordinates | ? Yes X No | | | | |
| | pendi | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No | | | | |
| 1.7 | Гах-ех | empt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () $\mathbf{\triangleleft}$ (insert no.) $\mathbf{\Box}$ 4947(a)(1) of | or 527 | If "No," attach a | list. (see instructions) | | | | |
| J١ | Nebsi | e: ► WWW.THESHERIDANSTORY.ORG | | H(c) Group exemption | n number 🕨 | | | | |
| KF | orm of | organization: X Corporation Trust Association Other | L Year | of formation: 2013 | M State of legal domicile: MN | | | | |
| Pa | art I | Summary | | | | | | | |
| _ | 1 | Briefly describe the organization's mission or most significant activities: $^{	ext{THE}}$ | SHERID | AN STORY'S | MISSION IS | | | | |
| JCe | | TO FIGHT CHILD HUNGER THROUGH COMMUNITY A | | | | | | | |
| na. | 2 | Check this box if the organization discontinued its operations or dispos | ed of more | than 25% of its net as | sets. | | | | |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 14 | | | | |
| ၓ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 13 | | | | |
| ۆ رە | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | | | 13 | | | | |
| iţie | 6 | Total number of volunteers (estimate if necessary) | | | 2901 | | | | |
| Activities & Governance | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | |
| ď | b | Net unrelated business taxable income from Form 990-T, line 34 | | | 0. | | | | |
| | | · | | Prior Year | Current Year | | | | |
| • | 8 | Contributions and grants (Part VIII, line 1h) | | 1,183,930. | 1,674,625. | | | | |
| nue | 1 | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | | | |
| š | 1 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 19. | 5. | | | | |
| Revenue | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 3,365. | 2,618. | | | | |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,187,314. | 1,677,248. | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | |
| " | 4- | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 434,324. | 654,135. | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | |
| ber | b | Total fundraising expenses (Part IX, column (D), line 25) | 46. | | | | | | |
| Ě | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 759,823. | 1,002,301. | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,194,147. | | | | | |
| | 1 | Revenue less expenses. Subtract line 18 from line 12 | | -6,833. | 20,812. | | | | |
| Or Po | | | | ginning of Current Year | End of Year | | | | |
| Net Assets or | 20 | Total assets (Part X, line 16) | | 556,804. | 548,136. | | | | |
| ASS | 21 | Total liabilities (Part X, line 26) | | 359,330. | 329,850. | | | | |
| Net I | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 197,474. | 218,286. | | | | |
| Pa | art II | Signature Block | | · | | | | | |
| Und | er pena | Ities of perjury, I declare that I have examined this return, including accompanying schedules | and stateme | ents, and to the best of m | y knowledge and belief, it is | | | | |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | ich preparer | has any knowledge. | | | | | |
| | | | | | | | | | |
| Sig | n | Signature of officer | | Date | | | | | |
| Her | | ▶ BOB PETERSON, TREASURER | | | | | | | |
| | | Type or print name and title | | | | | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN | | | | |
| Paid | i | BRUCE THIEL | | if self-emplo | P00526510 | | | | |
| | arer | Firm's name CBIZ MHM, LLC | | Firm's EIN ▶ | 34-1873282 | | | | |
| - | Only | Firm's address 222 SOUTH 9TH STREET, SUITE 1000 | | | | | | | |
| | • | MINNEAPOLIS, MN 55402 | | Phone no. 61 | 2-339-7811 | | | | |
| Mav | the II | RS discuss this return with the preparer shown above? (see instructions) | | 1. //2/10/10/10/10 | X Yes No | | | | |
| | | | | | | | | | |

| га | Check if Schedule O contains a response or note to any line in this Part III | X |
|-----------------|---|------------------------|
| 1 | Briefly describe the organization's mission: | |
| | THE SHERIDAN'S STORY MISSION IS TO FIGHT CHILD HUNGER THROUGH | |
| | COMMUNITY AND SCHOOL PARTNERSHIPS. | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| _ | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e | xpenses, and |
| 4а | revenue, if any, for each program service reported. (Code:) (Expenses \$1, 290, 208 • including grants of \$) (Revenue \$) | 2,618. |
| 'i a | SEE SCHEDULE O | 2,010. |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| 4c | (Code:) (Expenses \$ |) |
| | / (Expenses 4 | |
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| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$\frac{\text{including grants of \$}}{1,290,208}\$\) (Revenue \$\frac{\text{Revenue \$}}{\text{Total program service expenses}}\$\int \frac{1}{290,208}\$\cdot\$ |) |
| 4e | Total program service expenses ► 1,290,208. | Form 990 (2017) |
| | | FORM 330 (2017) |

Form 990 (2017) THE SHERIDAN STORY Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | 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 | | | |
| | 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? | | | |
| | 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 | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | 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 | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | _X_ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | 37 |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | 37 |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| 4- | or for foreign individuals? 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, | | | v |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | ء ا | | ₩. |
| 40 | 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," | ء د | | v |
| | complete Schedule G. Part III | 19 | 000 | X |

| | | | Yes | _ |
|-------------|---|-----|-----|--------------|
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 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 | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| ~ | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | Schedule L. Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 200 | | |
| 20 | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." | | | |
| | , | 26 | | x |
| 27 | complete Schedule L, Part II | 20 | | |
| 21 | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | | 27 | | x |
| 20 | of any of these persons? If "Yes," complete Schedule L, Part III | 21 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | 200 | | х |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | <u> </u> |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 00- | | x |
| 00 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | Х | <u> </u> |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | \vdash |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | ₩ |
| • | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | ₩ |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | _v |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | ₩ |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | l | | 3,7 |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | ,, |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | ,, |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 7.7 | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

Form 990 (2017) THE SHERIDAN STORY Part V Statements Regarding Other IRS Filings and Tax Compliance

| a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 c Enter the amount of reserves on hand | | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | <u></u> | | |
|---|--------|--|---------------|-----------------------|---------|-----|----------|
| b Enter the number of Forms W2G included in line 1a. Enter 0-If not applicable Did the organization comply with backup withholding rules for reportable payments to vandors and reportable gamming (gambling) winnings to pizze winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed to the calendary are anding with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b. X Note. If the sum of lines 1 and 26 is greater than 250, you may be required to _enic (see instructions) 3b. If If Yas, 1 has 1 filed a Form 900 Tor file year If 14%, 15 to line 30, provide an explanation in Schedule O 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 Accounts (FBAF). 5b. If Yas, 1 we first the name of the foreign country. In a provision of the foreign Bank and Financial Accounts (FBAF). 5c. If Yas, 1 to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c. If Yas, 1 to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c. If Yas, 2 to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c. If Yas, 1 to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductibles of the great shelt and the party of the organization has a charable contributions? 6c. If Yas, 1 to line organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt was premium and party for yours and services provided to the payor? 7b. If Y | | | | | | Yes | No |
| Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming graphing winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2 In the second of the | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 1 | | | |
| gamblingly winnings to prize winners? ■ 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 a least one is reported on line 2a, did the organization file all required federal employment tax returns? ■ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ■ If If "Yes," a sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ■ Other corporation of the calendar year, did the organization file all required federal employment tax returns? ■ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ■ Other corporation of the calendar year, did the organization file and interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, accurries account, or other financial accounts? ■ If "Yes," enter the name of the foreign country Sec. ■ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ■ Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? ■ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ■ If "Yes," other sea for 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? ■ If "Yes," other sea for 5b, did the organization that it was or is a party to a prohibited tax shelter transaction of the "Yes," other than 1500,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? ■ If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable torothicutions? ■ If "Yes," indicate the number of Forms 2822 filed during the year. ■ If | b | | 1b | 0 | | | |
| 2a 13 1a 1b 1c | С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portab | ole gaming | | | |
| tiled for the calendary year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 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? 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c August 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 accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ▶ 15c Was the organization and the foreign country: ▶ 15d Was the organization include with every solicitation at any time during the tax year? 15d Was 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? 15d Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 15d Very 16d the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 15d Was the organization self, exchange, or otherwise dispose of tangible personal property for which it was required? 15d Was the organization self, exchange, or otherwise dispose of tangible personal property for which it was required? 15d With the organization self, exchange, or otherwise dispose of tangible personal penefit contract? 17d Was of the organization self accoun | | (gambling) winnings to prize winners? | | , | 1c | | |
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| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Id the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. ► 5b If "Yes," either the name of the foreign country. ► 5c In the organization or party to a prohibited tax shelter transaction or other financial accounts (FBAR). 5c If Yes, "to line Sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "to line Sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "did 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? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," indicate the number of Forms 8282 filed during the year 6b If "Yes," indicate the number of Forms 8282 filed during the year 7c If If If I He organization received a contribution of the value of the indirectly, on a personal benefit contract? 7c If I He organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7d I He organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7d I He organization have excess business holdings at any time during the year? 9d | | filed for the calendar year ending with or within the year covered by this return | 2a | 13 | | | |
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| b if "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization appray to a prohibited tax shelter transaction at any time during the tax year? Sa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sb X C If "Yes," to line Sa or Sb, did the organization file Form 886-17 So 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," indicate the number of Forms 8282 flied during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponso | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authori | ty over, a | | | |
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| d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 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 c Enter the amount of reserves on hand | С | | as requ | iirea | 7. | | v |
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| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Section 501(c)(7) organizations. Enter: 11 Initiation fees and capital contributions included on Part VIII, line 12 12 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 13 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14 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. 13 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 13 Enter the amount of reserves on hand | u a | | $\overline{}$ | ·? | 70 | | |
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| b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 c Enter the amount of reserves on hand 13b 13c | 11 | Section 501(c)(12) organizations. Enter: | | , | | | |
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| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 c Enter the amount of reserves on hand 13b 13c | | / | $\overline{}$ | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 c Enter the amount of reserves on hand 13b 13c | 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? |) | 12a | | |
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| 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 c Enter the amount of reserves on hand 13b 13c | | | | | | | |
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| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c | | | | | | | |
| c Enter the amount of reserves on hand | b | | | | | | |
| | | | | | | | |
| 14a Dig the organization receive any payments for indoor tanning services during the tax year? | | | 13c | | 44 | | v |
| | | | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | b | in Tyes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | e () | | | 990 | (2017\ |

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

| 0 | Check if Schedule O contains a response or note to any line in this Part VI | | | <u></u> | | X |
|-----|---|-----------|-------------------------|----------|-----|----|
| Sec | tion A. Governing Body and Management | | | | | |
| | | | 1 44 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | <u>1a</u> | 14 | 4 | | |
| | 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 | 13 | 4 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with | any other | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | s filed? | 4 | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point | one or | | | |
| | more members of the governing body? | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockh | olders, 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 | r by th | e following: | | | |
| а | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | |
| | | | | | 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 ch | apter | s, 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 | / befo | re filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | 'es," d | lescribe | | | |
| | in Schedule O how this was done | | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | I by ir | dependent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| | 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 arrangen | nent v | vith 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 | - | • | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | izatio | n's | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶MN | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T | (Sect | ion 501(c)(3)s only) a | vailable | е | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | X Own website Another's website X Upon request Other (explain | | • | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor | ıflict c | of interest policy, and | l financ | ial | |
| | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks an | d records: | | | |
| | ROB WILLIAMS - 612-568-4003 | | | | | |
| | 2723 PATTON ROAD, ROSEVILLE, MN 55113 | | | | | |

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) | (B) | | | ((| C) | | | (D) | (E) | (F) |
|-----------------------------|------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|------------------------|----------------------------------|-----------------------|
| Name and Title | Average | (do | | Posi | | tion nore than one | | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | rson i | s both | n an | compensation | compensation | amount of |
| | week | | | u a u | l | 1711 43 | | from | from related | other |
| | (list any hours for | direct | | | | _ | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | 9e or (| stee | | | nsated | | (W-2/1099-MISC) | (** 27 1033 141100) | organization |
| | organizations | truste | al tru | | oyee | n be | | (** =: **== ****= = *) | | and related |
| | below | Individual trustee or director | Institutional trustee | ser | Key employee | Highest compensated employee | ner | | | organizations |
| | line) | ıb di | Insti | Officer | Key | High | Former | | | |
| (1) MICHAEL BINDER | 1.00 | l | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (2) WOODY KINGMAN | 1.00 | l | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (3) WENDI JARSON | 1.00 | l | | | | | | | | |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (4) LEADRIANNE ROBY | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1 00 | X | | | | | | 0. | 0. | 0. |
| (5) BRUCE ENSRUD | 1.00 | ., | | | | | | | | |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (6) BETH LASLEY | 1.00 | ٠, | | | | | | | _ | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) RYAN BEACH | 1.00 | . , | | 77 | | | | | _ | |
| SECRETARY (8) HELENE CLARK | 1.00 | X | | Х | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) JON MCTAGGART | 1.00 | ^ | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) BOB THOMAS | 1.00 | | | | | | | • | 0. | . |
| CHAIR | 1.00 | x | | Х | | | | 0. | 0. | 0. |
| (11) BOB PETERSON | 1.00 | | | | | | | • | • | • |
| TREASURER | 1,00 | х | | х | | | | 0. | 0. | 0. |
| (12) MICHELE CARROLL | 1.00 | 1 | | | | | | | • | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) ROB WILLIAMS | 50.00 | | | | | | | | - | - |
| EXECUTIVE DIRECTOR | | Х | | Х | | | | 86,510. | 0. | 9,090. |
| (14) RACHEL RIENSCHE | 1.00 | | | | | | | | | • |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| rar | t VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghes | st C | 1 | | | | (F) | |
|-----|---|---------------------|--------------------------------|------------------------|-------------|--------------|------------------------------|--------|--|-------------------------|------|----------|-------------------|------|
| | (A) | (B) Average | | (C) Position | | | | | (D) | (E) | | _ | (F) | . al |
| | Name and title | hours per | | not c | heck i | more | than is botl | | Reportable compensation | Reportable compensation | | l | timate nount (| |
| | | week | offi | | | | or/trus | | from | from related | i | l | other | |
| | | (list any hours for | irector | | | | | | the | organization | | | pensa | |
| | | related | e or d | stee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MIS | sC) | l | om the anizati | |
| | | organizations | Itruste | nal tru | | oyee | omper | | (** =/ ********************************* | | | ı - | d relate | |
| | | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | nizatio | ons |
| | | 11110) | 르 | Ë | JO. | Ϋ́ | 宝 5 | 요 | | | | | | |
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| | | | - | | | | | | | | | | | |
| | | | | | | | | L | 86,510. | | 0. | | 0 0 | 0.0 |
| | Sub-total Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | - | 9,09 | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 86,510. | | 0. | 9 | 9,09 | |
| 2 | Total number of individuals (including but n | | | | | | | o re | | 000 of reportable | ; | | | |
| | compensation from the organization | | | | | | | | | | | | | 0 |
| _ | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | - | | | • | • | • | | • | | | 3 | | Х |
| 4 | line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su | | | | | | | | | | | 3 | | 21 |
| | and related organizations greater than \$150 | | | | | | | | | | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| | rendered to the organization? If "Yes," com | plete Schedule | e <i>J f</i> e | or su | ıch r | oers | on | | | | | 5 | | X |
| | tion B. Independent Contractors | | | | | | 4 - | | t : t t | 100 000 - 5 | | | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | • | • | | | | | | | , , | ensa | tion irc | orm | |
| | (A) | ine calendar y | Jui C | , i i dii | <u>19 W</u> | 1011 | J1 VV1 | | (B) | our. | | (C | ;) | |
| | Name and business | address | NC | INC | 3 | | | | Description of s | ervices | С | omper | | n |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | Total number of independent contractors (i | ncluding but n | ot lin | niter | d to t | thos | se lis | ted | above) who received mo | ore than | | | | |
| | Total number of independent contractors (ii \$100,000 of compensation from the organic | | ot lin | nited | d to 1 | thos | _ | ted | above) who received mo | ore than | | | | |

Form 990 (2017) THE SHERIDAN STORY
Part VIII Statement of Revenue

| | | Check if Schedule O conta | ains a response | or note to any lin | e in this Part VIII | | | |
|--|------|--|-----------------|----------------------|---------------------|--|--------------------------------|--|
| | | | | <u> </u> | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| SS | 1 a | Federated campaigns | 1a | | | | | 012 011 |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues | | | | | | |
| ල් වූ | | Fundraising events | | | | | | |
| fts, | | Related organizations | | | | | | |
| ig je | | Government grants (contributi | | | | | | |
| Sir | | All other contributions, gifts, grant | | | | | | |
| utic e | ' | similar amounts not included abov | | 674 625 | | | | |
| έş | _ | | | 223,971. | | | | |
| o d | | Noncash contributions included in lines | | | 1,674,625. | | | |
| Oa | n | Total. Add lines 1a-1f | | | | | | |
| | • | | | Business Code | | | | |
| ice | 2 a | | | | | | | |
| erv ne | b | | | | | | | |
| n S | C | _ | | | | | | |
| ar Be | d | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| - | | All other program service reve | | | | | | |
| | | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (including | | | _ | | | _ |
| | _ | other similar amounts) | | | 5. | | | 5. |
| | 4 | Income from investment of tax | | | | | | |
| | 5 | Royalties | 1 | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | | Gross rents | | | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | · <u></u> | | | | |
| anne | 8 a | Gross income from fundraising including \$ | | | | | | |
| eve | | contributions reported on line | 1c). See | | | | | |
| Other Revenu | | Part IV, line 18 | a | | | | | |
| 돭 | b | Less: direct expenses | b | | | | | |
| ٥ | c | Net income or (loss) from fund | raising events | <u></u> | | | | |
| | 9 a | Gross income from gaming ac | tivities. See | | | | | |
| | | Part IV, line 19 | a | | | | | |
| | b | Less: direct expenses | b | | | | | |
| | c | Net income or (loss) from gam | ing activities | <u>,</u> | | | | |
| | 10 a | Gross sales of inventory, less | returns | | | | | |
| | | and allowances | a | | | | | |
| | b | Less: cost of goods sold | b | 0. | | | | |
| | С | Net income or (loss) from sales | s of inventory | <u></u> | 2,618. | 2,618. | | |
| | | Miscellaneous Revenue | е | Business Code | | | | |
| | 11 a | l | | | | | | |
| | b | | | | | | | |
| | С | | | | | | | |
| | d | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue. See instructions. | | | 1,677,248. | 2,618. | 0. | 5. |

| Sect | ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons | | | nplete column (A). | |
|----------|---|--------------------|------------------------------|-------------------------------------|----------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | gamaia | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 98,246. | 64,842. | 14,737. | 18,667. |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 452 505 | 240 225 | 00 045 | F2 C0F |
| 7 | Other salaries and wages | 453,785. | 319,335. | 80,845. | 53,605. |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | E0 750 | 42 500 | 0 042 | C 11F |
| 9 | Other employee benefits | 58,758. | 43,500. | 8,843. | 6,415. |
| 10 | Payroll taxes | 43,346. | 31,616. | 6,521. | 5,209 |
| 11 | Fees for services (non-employees): | | | | |
| а | | 0.0.5 | | 005 | |
| b | <u> </u> | 825. | | 825. | |
| С | <u> </u> | 16,650. | | 16,650. | |
| d | , | | | | |
| е | · · · · · · · · · · · · · · · · · · · | | | | |
| f | Investment management fees | | | | |
| g | , , | 12 600 | 3,292. | 16 050 | 24 247 |
| | column (A) amount, list line 11g expenses on Sch 0.) | 43,689. | 3,292. | 16,050. | 24,347. |
| 12 | Advertising and promotion | 69,307. | 44,781. | 15,912. | 8,614. |
| 13 | Office expenses | 116,214. | 54,243. | 52,511. | 9,460. |
| 14 | Information technology | 110,214. | 34,243. | 32,311. | J, 1 00 a |
| 15 | Royalties | 170,216. | 162,857. | 5,796. | 1,563. |
| 16 17 | Occupancy | 4,915. | 2,137. | 1,561. | 1,217. |
| 18 | Payments of travel or entertainment expenses | 1,515. | 2,157. | 1,301. | 1,217 |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 5,080. | 3,364. | 1,057. | 659. |
| 20 | Interest | 2,000. | | =, 55, 6 | |
| 20 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 45,401. | 45,401. | | |
| 23 | Insurance | 3,790. | 1,415. | 2,375. | |
| 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) | | | , 2 2 2 | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | FOOD EXPENSES | 490,005. | 490,005. | | |
| b | TRANSPORTATION | 22,109. | 20,708. | 261. | 1,140. |
| С | FUNDRAISING | 9,603. | | 2,702. | 6,901. |
| d | PROGRAM/SPONSOR SUPPORT | 3,861. | 2,712. | | 1,149. |
| е | All other expenses | 4 656 155 | 1 000 000 | 007 000 | 400 01- |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,656,436. | 1,290,208. | 227,282. | 138,946. |
| 26 | Joint costs . Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2017 |

Form 990 (2017)
Part X Balance Sheet

| Part | L A | Balance Sheet | | | | | |
|---|-----|--|--------------|---------------------------------------|---|---------|---------------------------|
| | | Check if Schedule O contains a response or not | te to any li | ne in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 132,290. | 1 | 176,565 |
| | 2 | Savings and temporary cash investments | | | 147,025. | 2 | 2,030 |
| | 3 | Pledges and grants receivable, net | | | 48,387. | 3 | 27,843 |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and fo | | | | | |
| | | trustees, key employees, and highest compensa | ated emplo | oyees. Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | | |
| | | section 4958(f)(1)), persons described in section | • | , | | | |
| | | employers and sponsoring organizations of sect | | , , , , , , , , , , , , , , , , , , , | | | |
| , | | employees' beneficiary organizations (see instr). | | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| AS | 8 | Inventories for sale or use | | | 97,153. | 8 | 142,840 |
| | 9 | | | | 10,212. | 9 | 20,439 |
| | | Land buildings and equipment: cost or other | 1 1 | | , | | |
| | | basis, Complete Part VI of Schedule D | 10a | 294,212. | | | |
| | h | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 10b | 118,556. | 112,974. | 10c | 175,656 |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| - 1 | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | 14 | | | |
| - 1 | 15 | Other assets. See Part IV, line 11 | | 8,763. | 15 | 2,763 | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 1 | 556,804. | 16 | 548,136 | |
| | 17 | Accounts payable and accrued expenses | | | 46,218. | 17 | 81,923 |
| | 18 | Grants payable | , | 18 | , | | |
| - 1 | 19 | Deferred revenue | | | 313,112. | 19 | 247,927 |
| - 1 | 20 | Tax-exempt bond liabilities | | | • | 20 | • |
| | 21 | Escrow or custodial account liability. Complete | | 1 | | 21 | |
| | 22 | Loans and other payables to current and former | | | | | |
| Ĕ | | key employees, highest compensated employee | | | | | |
| Liabilities | | | | ····· | | 22 | |
| <u> </u> | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 359,330. | 26 | 329,850 |
| | | Organizations that follow SFAS 117 (ASC 958 |), check h | nere 🕨 🗓 and | | | |
| ပ္ပ | | complete lines 27 through 29, and lines 33 an | d 34. | | | | |
| ဥ | 27 | Unrestricted net assets | | | 197,474. | 27 | 186,194 |
| <u> </u> | 28 | Temporarily restricted net assets | | | | 28 | 186,194 32,092 |
| 9 | 29 | B | | | | 29 | |
| ֡֝֟֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | | Organizations that do not follow SFAS 117 (A | SC 958), | check here | | | |
| 5 | | and complete lines 30 through 34. | | | | | |
| 2 | 30 | Capital stock or trust principal, or current funds | | | 30 | | |
| 1556 | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | <u> </u> |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | | | | 32 | |
| ž | 33 | Total net assets or fund balances | | | 197,474. | 33 | 218,286 |
| | 34 | Total liabilities and net assets/fund balances . | | 1 | 556,804. | 34 | 548,136 |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization THE SHERIDAN STORY 80-0919680 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

| Sec | tion A. Public Support | | | | | | |
|---------|--|----------------------|---------------------|---------------------|---------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 348,449. | 539,872. | 769,254. | 1183930. | 1674625. | 4516130. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 348,449. | 539,872. | 769,254. | 1183930. | 1674625. | 4516130. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 402,281. |
| | Public support. Subtract line 5 from line 4. | | | | | | 4113849. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | 348,449. | 539,872. | 769,254. | 1183930. | 1674625. | 4516130. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | 1. | 10. | 19. | 5. | 35. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | 1,451. | 741. | | 2,192. |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 696. | 10,766. | | | | 11,462. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 4529819. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ns) | | | 12 | 5,242. |
| 13 | First five years. If the Form 990 is for | - | | | • | | |
| 0 | organization, check this box and stop | here | | | | | |
| | tion C. Computation of Publi | | | | | 1 | 00 00 |
| | Public support percentage for 2017 (li | | | | | 14 | 90.82 % |
| | Public support percentage from 2016 | | | | | 15 | <u>%</u> |
| 16a | 33 1/3% support test - 2017. If the c | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2016. If the c | • | | • | | • | |
| | and stop here. The organization quali | | | | | | |
| 1/a | 10% -facts-and-circumstances test | _ | | | | | |
| | and if the organization meets the "fac- | | | | | - | |
| _ | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances test | ū | | | | • | |
| | more, and if the organization meets the | | • | | • | | |
| 46 | organization meets the "facts-and-circ | | - | · · | | | P |
| 18 | Private foundation. If the organization | n did not check a b | oox on line 13, 16a | a, 16b, 17a, or 17b | , check this box ar | nd see instructions | <u> </u> |

Schedule A (Form 990 or 990-EZ) 2017

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | | | | | |
|------|---|-----------------------------|--------------------------|------------------------|----------------------|---------------------|-------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | ļ | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | ļ | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | ļ | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | ļ | | | | | |
| | or expended on its behalf | ļ | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | ļ | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | • | • | • |
| Cale | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | ļ | | | | | |
| | and income from similar sources | ļ | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| (| Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| | regularly carried on | ļ | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 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 section | n 501(c)(3) organiz | ation, |
| | check this box and stop here | | | | | | > |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2017 (I | ine 8, column (f) di | vided by line 13, c | olumn (f)) | | 15 | % |
| | Public support percentage from 2016 | | | | | 16 | % |
| Se | ction D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 |)17 (line 10c, colur | mn (f) divided by lin | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19a | a 33 1/3% support tests - 2017. If the | organization did n | not check the box o | on line 14, and line | e 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | nd stop here. The | e organization qual | ifies as a publicly s | supported organiza | ation | > |
| k | 33 1/3% support tests - 2016. If the | organization did n | not check a box on | line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, a | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | nization qualifies a | as a publicly suppo | orted organization | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19a | a, or 19b, check th | nis box and see ins | structions | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes." *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| Par | Supporting Organizations (continued) | | | |
|-----|---|---------|-----|----|
| | _ | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | | 11b | | |
| | | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 4 | Did the diverters twisters as membership of any as mare connected experientians have the newester | | 163 | NO |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | | 1 | | |
| Sec | the supported organization(s). tion D. All Type III Supporting Organizations | ' | | |
| | and britain type in supporting organizations | | Yes | No |
| | | | 162 | NO |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc | ctions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | 500113) | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| _ | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 20 | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Support | ing Organi | zations | |
|------|--|------------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | ov. 20, 1970 (explain in F | Part VI.) See instructions. Al |
| | other Type III non-functionally integrated supporting organizations must | complete Sec | tions A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | nally integrated | d Type III supporting orga | anization (see |
| | instructions). | - | | |

Schedule A (Form 990 or 990-EZ) 2017

| Par | LV | Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | |
|-------|---------|---|------------------------------|--|---|
| Secti | on D - | Distributions | | | Current Year |
| 1 | Amou | nts paid to supported organizations to accomplish exer | npt purposes | | |
| 2 | Amou | nts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organi | izations, in excess of income from activity | | | |
| 3 | Admir | nistrative expenses paid to accomplish exempt purpose | s of supported organizations | 3 | |
| 4 | Amou | nts paid to acquire exempt-use assets | | | |
| 5 | Qualif | ied set-aside amounts (prior IRS approval required) | | | |
| 6 | Other | distributions (describe in Part VI). See instructions. | | | |
| 7 | Total | annual distributions. Add lines 1 through 6. | | | |
| 8 | Distrib | outions to attentive supported organizations to which th | e organization is responsive | | |
| | (provi | de details in Part VI). See instructions. | | | |
| 9 | Distrib | outable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 | amount divided by line 9 amount | | | |
| Secti | on E - | Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distrib | outable amount for 2017 from Section C, line 6 | | | |
| 2 | Under | rdistributions, if any, for years prior to 2017 (reason- | | | |
| | able c | ause required- explain in Part VI). See instructions. | | | |
| 3 | Exces | s distributions carryover, if any, to 2017 | | | |
| а | | | | | |
| b | From | 2013 | | | |
| С | From | 2014 | | | |
| d | From | 2015 | | | |
| е | From | 2016 | | | |
| f | Total | of lines 3a through e | | | |
| g | Applie | ed to underdistributions of prior years | | | |
| h | Applie | ed to 2017 distributable amount | | | |
| i_ | Carry | over from 2012 not applied (see instructions) | | | |
| j | Rema | inder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distrib | outions for 2017 from Section D, | | | |
| | line 7: | \$ | | | |
| а | Applie | ed to underdistributions of prior years | | | |
| b | Applie | ed to 2017 distributable amount | | | |
| С | Rema | inder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Rema | ining underdistributions for years prior to 2017, if | | | |
| | any. S | Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than z | zero, explain in Part VI. See instructions. | | | |
| 6 | Rema | ining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4 | b from line 1. For result greater than zero, explain in | | | |
| | Part V | /I. See instructions. | | | |
| 7 | Exces | ss distributions carryover to 2018. Add lines 3j | | | |
| | and 4 | c. | | | |
| 8 | Break | down of line 7: | | | |
| а | Exces | s from 2013 | | | |
| b | Exces | s from 2014 | | | |
| С | Exces | s from 2015 | | | |
| d | Exces | s from 2016 | | | |
| е | Exces | s from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; |
|---------|--|
| | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, |
| | line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, |
| | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
| | (See instructions.) |
| | (See instructions.) |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

2017

| | THE SHERIDAN STORY | 80-0919680 |
|--------------------------|---|--|
| Organization | type (check one): | |
| Filers of: | Section: | |
| Form 990 or 9 | 90-EZ X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | า |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| | organization is covered by the General Rule or a Special Rule . section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe | cial Rule. See instructions. |
| General Rule | | |
| | in organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions erty) from any one contributor. Complete Parts I and II. See instructions for determining a cont | , , |
| Special Rules | S | |
| section any c | un organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1 one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the Form 990-EZ, line 1. Complete Parts I and II. | 3, 16a, or 16b, and that received from |
| year, | in organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, prevention of cruelty to children or animals. Complete Parts I, II, and III. | |
| year, is che purpe | on organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions exclusively for religious, charitable, etc., purposes, but no such contributions to ecked, enter here the total contributions that were received during the year for an exclusively ose. Don't complete any of the parts unless the General Rule applies to this organization becous, charitable, etc., contributions totaling \$5,000 or more during the year | taled more than \$1,000. If this box religious, charitable, etc., ause it received <i>nonexclusively</i> |
| but it must an | organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu Iswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or Idoesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | |

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

THE SHERIDAN STORY

80-0919680

| 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 | | \$ 92,297. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$37,176. | Person X Payroll |
| (a) | (b) | (c) | (d) |
| | Name, address, and ZIP + 4 | Total contributions \$ 88,650. | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ 77,143. | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$34,610. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

THE SHERIDAN STORY

80-0919680

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | |
|------------------------------|---|---|------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 4 | NETSUITE CLOUD BASED SOFTWARE SUBSCRIPTION | | |
| | | \$88,650. | _06/30/18_ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | PRODUCE COOLERS | | |
| 5 | | \$\$ | _04/05/18_ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| | | 4 | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| | | Oahadula D /Farms (| 000 000 E7 or 000 DE\ (2017) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number THE SHERIDAN STORY 80-0919680 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE SHERIDAN STORY

Employer identification number 80-0919680

| Par | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds o | r Accounts. Complete if the |
|----------|---|--|---|
| | organization answered "Yes" on Form 990, Part IV, lir | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised | d funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds can be us | sed only |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose co | onferring |
| | | | |
| Pai | t II Conservation Easements. Complete if the or | ganization answered "Yes" on Form 990, Pa | art IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | ion (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or | education) Preservation of a histor | rically important land area |
| | Protection of natural habitat | Preservation of a certification | ied historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | ified 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 |
| а | Total number of conservation easements | | 2a |
| | | | |
| | Number of conservation easements on a certified historic str | | |
| d | Number of conservation easements included in (c) acquired | | 1 1 |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the o | rganization during the tax |
| _ | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | | |
| • | violations, and enforcement of the conservation easements i | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | , handling of violations, and emorcing conser | rvation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservation | an assamants during the year |
| ′ | \$\\\\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ | uning of violations, and emorcing conservation | or easements during the year |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h) | (4)(B)(i) |
| Ü | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | include, if applicable, the text of the footnote to the organiza | · · | , |
| | conservation easements. | | g |
| Par | | f Art, Historical Treasures, or Oth | er Similar Assets. |
| | Complete if the organization answered "Yes" on Forn | n 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue stateme | nt and balance sheet works of art, |
| | historical treasures, or other similar assets held for public ex | hibition, education, or research in furtherand | e of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descr | ibes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (AS | SC 958), to report in its revenue statement a | nd balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of publi | c service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | | | |
| 2 | If the organization received or held works of art, historical tre | easures, or other similar assets for financial g | |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| <u>b</u> | Assets included in Form 990, Part X | | • \$ |
| LHA | For Paperwork Reduction Act Notice, see the Instruction | s for Form 990. | Schedule D (Form 990) 2017 |

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

| | t III Organizations Maintaining C | ollections of Ar | t, Histo | rical Tre | asures, o | r Other | Similar | Assets | (continue | ed) |
|-----|--|------------------------|--------------|-------------------|---------------|--------------|-------------------------|------------|------------|-----------|
| 3 | Using the organization's acquisition, accession | | | | | | | | | |
| | (check all that apply): | , | , | , | 3 | | | | | |
| а | Public exhibition | c | 1 🗆 L | oan or excl | nange progra | ams | | | | |
| b | Scholarly research | e | | | 0 1 0 | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how the | y further th | e organizatio | on's exem | npt purpos | se in Part | XIII. | |
| 5 | During the year, did the organization solicit o | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | ☐ No |
| Par | t IV Escrow and Custodial Arran | | | | | | | | ine 9, or | |
| | reported an amount on Form 990, Par | | | Ü | | | | , | , | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | liary for co | ontributions | or other as | sets not in | ncluded | | | |
| | on Form 990, Part X? | | | | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | _ | |
| | 3 | ļ | 3 | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | | | | |
| | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | • | | | | | | | _ | |
| Par | | | | | | | | | | |
| | | (a) Current year | | ior year | (c) Two yea | | | ears back | (e) Four y | ears back |
| 1a | Beginning of year balance | , | ` ' | , | | | , | | | |
| | Contributions | | | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| _ | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent vear end balance | e (line 1a. | column (a) |) held as: | | | | | |
| а | Board designated or quasi-endowment | • | % | (1) | , | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | | |
| С | Temporarily restricted endowment | -% | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| За | Are there endowment funds not in the posse | | ation that | are held an | d administer | red for the | e organiza | ition | | |
| | by: | 3 | | | | | 3 | | Y | es No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | ed on Scl | nedule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | • |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 |), Part IV, | line 11a. S | ee Form 990 |), Part X, I | line 10. | | | |
| | Description of property | (a) Cost or o | other | (b) Cost basis | or other | (c) Ad | ccumulate preciation | ed | (d) Book | value |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | |
| | Equipment | | | 29 | 4,212. | 1 | 18,55 | 56. | 175 | ,656. |
| | Other | | | | - | | - | | | |
| | . Add lines 1a through 1e. <i>(Column (d) must</i> e | | X. columr | n (B). line 10 | Oc.) | | | • | 175 | ,656. |

Schedule D (Form 990) 2017

| Complete if the organization answered "Yes" (a) Description of security or category (including name of security) | (b) Book value | | valuation: Cost or er | nd-of-year market value |
|--|---|------------------------|-----------------------|-------------------------|
| Financial derivatives | () / = = = : : : : : : : : : : : : : : : : | (2, | 2 2 2 2 3 3 3 3 | , , |
| Closely-held equity interests | | | | |
| Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| art VIII Investments - Program Related. | <u>I</u> | | | |
| | on Form 000 Dort IV lin | 110 Coo Form 000 | Dort V line 12 | |
| Complete if the organization answered "Yes" (a) Description of investment | (b) Book value | | | nd-of-year market value |
| | (b) Book value | (b) Metriod or | valuation: Cost of G | id or your market value |
| (1) | | + | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | + | | |
| (5) | | | | |
| (6) | | + | | |
| (7) | | | | |
| • • | | | | |
| (8) | | | | |
| (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. | on Form 990, Part IV, lin | e 11d. See Form 990, | Part X, line 15. | |
| (8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (art IX Other Assets. Complete if the organization answered "Yes" | on Form 990, Part IV, lin Description | e 11d. See Form 990, | Part X, line 15. | (b) Book value |
| (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Tart IX Other Assets. Complete if the organization answered "Yes" (a) | | e 11d. See Form 990, | , Part X, line 15. | (b) Book value |
| (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) | | e 11d. See Form 990, | Part X, line 15. | (b) Book value |
| (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) | | e 11d. See Form 990, | Part X, line 15. | (b) Book value |
| (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) | | e 11d. See Form 990, | Part X, line 15. | (b) Book value |
| (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) | | e 11d. See Form 990, | Part X, line 15. | (b) Book value |
| (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) | | e 11d. See Form 990, | Part X, line 15. | (b) Book value |
| (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) | | e 11d. See Form 990, | Part X, line 15. | (b) Book value |
| (8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (art IX) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) | | e 11d. See Form 990, | Part X, line 15. | (b) Book value |
| (8) (9) (atl. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) | Description | | | (b) Book value |
| (8) (9) (atl. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (art IX) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) | Description | | | (b) Book value |
| (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) art X Other Liabilities. Complete if the organization answered "Yes" | Description e 15.) | e 11e or 11f. See Forr | | |
| (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. | Description e 15.) | | | |
| (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) art X Other Liabilities. Complete if the organization answered "Yes" | Description e 15.) | e 11e or 11f. See Forr | | |
| (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | Description e 15.) | e 11e or 11f. See Forr | | |
| (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes | Description e 15.) | e 11e or 11f. See Forr | | |
| (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes | Description e 15.) | e 11e or 11f. See Forr | | |
| (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) | Description e 15.) | e 11e or 11f. See Forr | | |
| (8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) | Description e 15.) | e 11e or 11f. See Forr | | |
| (8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | Description e 15.) | e 11e or 11f. See Forr | | |
| (8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | Description e 15.) | e 11e or 11f. See Forr | | |
| (8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | Description e 15.) | e 11e or 11f. See Forr | | |

Schedule D (Form 990) 2017

80-0919680 Page 4 THE SHERIDAN STORY Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,746,146. Total revenue, gains, and other support per audited financial statements 1

Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 68,898. Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) 68,898. Add lines 2a through 2d 2e 1,677,248. Subtract line 2e from line 1 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 Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 1,677,248. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,725,334. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 68,898. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses **d** Other (Describe in Part XIII.) 68,898. Add lines 2a through 2d 2e 1,656,436. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 1,656,436. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50

Schedule D (Form 990) 2017

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THE SHERIDAN STORY Employer identification number 80-0919680

| Par | rt I Types of Property | | | | | | | | | |
|-----|---|---------------------------------------|---|---|-------------|-----------|-------|-----------------------------|---------------|-----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contri amounts repor Form 990, Part VI | ted on | | | etermining ution amounts | | |
| 1 | Art - Works of art | | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | | |
| 4 | Books and publications | | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | | |
| 7 | Boats and planes | | | | | | | | | |
| 8 | Intellectual property | | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | | |
| | trust interests | | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | | |
| | Historic structures | | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | | |
| 18 | Collectibles | | | | | | | | | |
| 19 | Food inventory | Х | 78,403 | 47 | ,042. | FAIR | VALUE | OF | SIM | ΓLA |
| 20 | Drugs and medical supplies | | | | - | | | | | |
| 21 | Taxidermy | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | | |
| 25 | Other ▶ (CLOUD BASED S) | X | 1 | 88 | ,650. | FAIR | VALUE | OF | SIM | ΓLΑ |
| 26 | Other ▶ (SUPPLIES & EQ) | X | 17 | 87 | ,143. | FAIR | VALUE | OF | SIM | ILA |
| 27 | Other (PROMOTION & M) | X | 1 | 1 | ,136. | FAIR | VALUE | OF | SIM | ILA |
| 28 | Other (| | | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | ation during | the tax year for co | ontributions | | | | | | |
| | r which the organization completed Form 8283, Part IV, Donee Acknowledgement | | | | | | | 0 | | |
| | | | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | contributio | n any property rep | orted in Part I, line | s 1 throug | h 28, tha | t it | | | |
| | must hold for at least three years from the date of the initial contribution, and which isn't required to be used for | | | | | | | | | |
| | exempt purposes for the entire holding period? | | | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | | | | | | 31 | | X |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | | | _ | |
| | contributions? | | - | · · | | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | | | |
| 33 | If the organization didn't report an amount in co | olumn (c) for | a type of property | for which column | (a) is ched | ked, | | | | |
| | describe in Part II. | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | · | | _ | | _ |

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

Schedule M (Form 990) 2017

732142 09-07-17 Schedule M (Form 990) 2017

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE SHERIDAN STORY

Employer identification number 80-0919680

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: THE SHERIDAN STORY PROVIDES CHILDREN WITH A WEEKEND'S SUPPLY OF NON-PERISHABLE FOOD AT THE END OF EACH SCHOOL WEEK, CLOSING THE WEEKEND FOOD GAP WHEN KIDS DON'T HAVE ACCESS TO FREE/REDUCED MEAL PROGRAMS AT IN THE 2017-2018 SCHOOL YEAR (FY18), THE SHERIDAN STORY DISTRIBUTED 634,677 MEALS TO SOME 5,500 CHILDREN IN NEARLY 200 SCHOOLS IN MINNESOTA. THE SHERIDAN STORY BRINGS A NETWORK-BASED APPROACH TO FIGHTING CHILD HUNGER. FIRST, WE FACILITATE THE FORMATION OF PARTNERSHIPS BETWEEN THE COMMUNITY AND SCHOOLS. THEN, THE SHERIDAN STORY MANAGES THE LOGISTICS AND FOOD OPERATIONS PORTION OF THE PROJECT. THIS INCLUDES SOURCING, PACKING, STORAGE, INVENTORY MANAGEMENT, DELIVERY OF FOOD TO THE SCHOOLS. THE COMMUNITY PARTNERS WITH THE SCHOOLS TO HELP FUND THE PROGRAM IN THEIR SCHOOL AND DISTRIBUTE THE FOOD TO THE KIDS.

FORM 990, PART VI, SECTION A, LINE 1:

EXCEPT FOR THE POWER TO AMEND THE ARTICLES OF INCORPORATION AND BYLAWS EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE ORGANIZATION DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, SUBJECT TO ANY PRIOR LIMITATION OR DIRECTION IMPOSED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 4:

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

DURING THE 2017-18 FISCAL YEAR, THE BOARD APPROVED THE FOLLOWING CHANGES TO

(A) ARTICLE III, SECTION 70FFICERS AND DUTIES: I) ADDED "VICE THE BYLAWS: Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization THE SHERIDAN STORY

Employer identification number 80-0919680

CHAIR" AND "PAST CHAIR" AS A NEW OFFICERS, II) REDUCED DURATION OF TERM FOR

SECRETARY AND TREASURER, III) CLARIFIED ELIGIBILITY OF OFFICERS FOR

REELECTION, IV) DEFINED DUTIES OF EACH OFFICE, AND V) CLARIFIED PROCEDURE

FOR FILLING A VACANT OFFICE; AND (B) ARTICLE IV, SECTION 4STANDING

COMMITTEES: ELIMINATED "SCHOOL AND SPONSOR ENGAGEMENT COMMITTEE".

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY MANAGEMENT AND THE FINANCE COMMITTEE AND THEN IS PROVIDED TO ALL BOARD MEMBERS FOR ACCEPTANCE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MONITORED COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY
BY REVIEWING, CONTEMPORANEOUSLY, ALL POTENTIAL CONFLICTS OF INTEREST AT
GOVERNANCE MEETINGS AND STAFF DAILY ACTIVITIES AND APPLYING THE POLICY TO
ADDRESS ANY ACTUAL CONFLICTS OF INTEREST THAT ARE IDENTIFIED. AS SECTION
6.2 OF THIS POLICY STATES, STAFF CONFLICTS OF INTEREST ARE DISCLOSED TO THE
EXECUTIVE DIRECTOR, "(OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO
THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD.
DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR, (OR IF
SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD TREASURER) WHO
SHALL BRING THESE MATTERS TO THE BOARD.

SECTION 6.3 CONTINUES "THE BOARD SHALL DETERMINE WHETHER A CONFLICT EXISTS

AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED

TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO THE SHERIDAN

STORY."

AS SECTION 2 OF THIS POLICY STATES, THIS POLICY APPLIES "NOT ONLY TO

DIRECTORS AND OFFICERS, BUT TO ALL EMPLOYEES WHO CAN INFLUENCE THE ACTIONS
732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

| Name of the organization THE SHERIDAN STORY | Employer identification number $80-0919680$ | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| OF THE SHERIDAN STORY. FOR EXAMPLE, THIS WOULD INCLUDE ALL | WHO MAKE | | | | | | | |
| PURCHASING DECISIONS, ALL PERSONS WHO MIGHT BE DESCRIBED AS 'MANAGEMENT | | | | | | | | |
| PERSONNEL, ' AND ANYONE WHO HAS PROPRIETARY INFORMATION CONCERNING THE | | | | | | | | |
| SHERIDAN STORY." IN PRACTICE, THE POLICY APPLIES TO ALL MEMBERS OF THE | | | | | | | | |
| BOARD OF DIRECTORS AND TYPICALLY APPLIES TO STAFF THAT ARE MANAGER LEVEL | | | | | | | | |
| AND ABOVE. | | | | | | | | |
| | | | | | | | | |
| RESTRICTIONS IMPOSED ON A PERSON WITH A CONFLICT ARE IDENTIFIED IN SECTION | | | | | | | | |
| 6.1 - INCLUDE FULLY DISCLOSING THE CONFLICT OF INTEREST AND IS EXCLUDED | | | | | | | | |
| FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION. | | | | | | | | |
| | | | | | | | | |
| FORM 990, PART VI, SECTION B, LINE 15A: | | | | | | | | |
| SALARY DATA IS OBTAINED FROM THE MINNESOTA COUNCIL OF NONP | ROFITS' MINNESOTA | | | | | | | |
| SALARY AND BENEFITS SURVEY. SALARY DATA IS COMPARED WITH AVERAGES BASED ON | | | | | | | | |
| BOTH ORGANIZATION'S SIZE AND SECTOR. DATA IS THEN EVALUATED AGAINST SALARY | | | | | | | | |
| QUARTILES WHILE CONSIDERING EXECUTIVE DIRECTOR'S EXPERIENCE. THE LAST TIME | | | | | | | | |
| THIS PROCESS WAS UNDERTAKEN WAS JULY, 2017. | | | | | | | | |
| | | | | | | | | |
| FORM 990, PART VI, SECTION C, LINE 19: | | | | | | | | |
| THE BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE | | | | | | | | |
| FINANCIAL STATEMENTS AND ARTICLES OF INCORPORATION ARE AVAILABLE ON THE | | | | | | | | |
| ORGANIZATION'S WEBSITE OR UPON REQUEST. | | | | | | | | |
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