STATE OF COLORADO SECRETARY OF STATE



ANNUAL FINANCIAL STATEMENT FOR COLORADO CHARITABLE ORGANIZATIONS

For record-keeping purposes only. This form cannot be filed with the Secretary of State.

Initial Registration

| initial registration | |
|---|--|
| Registration Number: 20033006613 PENDING | |
| This financial report covers the fiscal year beginning: 01/01/2002 and ending: 12/31/2002 | |
| Organization Information 1. Organization's name: SHERIDAN HISTORICAL SOCIETY, INC. | |
| 2. Federal Employer Identification Number (FEIN): 84-1181577 | |
| 3. Organization's principal address: Street address: 4101 S. FEDERAL BLVD. City: SHERIDAN State: CO Zip: 80110 Telephone number: (303) 762-0083 | |
| Fiscal year ends: $\underline{12/31}$ If incorporated, date incorporated: $\underline{05/24/1991}$. State of incorporation: \underline{co} | |
| If not incorporated: Type of organization: Date established: N/A State established: | |
| 4. Telephone number: (303) 762-0083 Fax number: Email: MAGGCLIFF@COMCAST.NET Web site: HTTP://WWW.ROOTSWEB.COM/~COSHS | |
| 5. Has the organization applied for or been granted IRS tax exempt status? $\underline{\underline{Yes}}$ If 'Yes,' date of determination letter, or of application if determination is pending: $\underline{08/06/1992}$ If tax-exempt, IRS code: $\underline{501(C)(3)}$ Are contributions to the organization tax deductible? $\underline{\underline{Yes}}$ | |
| 6 NTEF codes that describe your organization: | |

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

| 7. | Revenue (Amounts Received During the Year): |
|----|--|
| | Contributions (Line 1a + Line 1b): \$2,080.00 |
| | Government Grants (Line 1c): \$0.00 |
| | Program Service Revenue (Line 2): \$0.00 |
| | Investments (Line 4 + Line 5 + Line 6c + Line 7 + Line 8d): \$112.82 |
| | Special Events and Activities (Line 9c): \$0.00 |
| | Sales (Line 10c): \$0.00 |
| | Other (Line 3 + Line 11): \$0.00 |
| | Total Revenue (sum of all revenue items above): \$2,192.82 |
| 8. | Expenses (Amounts Paid Out During the Year): |
| | Program Services (Line 13): \$0.00 |
| | Administration - Management and general (Line 14): \$67.96 |
| | Fundraising (Line 15): \$0.00 |
| | Payments to affiliates (Line 16): \$0.00 |
| | Other Expenses: \$130.00 |
| | Total Expenses (sum of expense items listed above): \$197.96 |
| | Total Liabilities, End of Year (Line 66B): \$0.00 Fund Balance, End of Year (Total Assests - Total Liabilities): \$13,958.84 |
| | rofessional Fundraisers D. Paid Solicitor / Professional Fundraising Consultant Organization or Individual: |
| | ther Information 1. Fundraising Professionals: Outside Professional Fundraiser fees: \$0.00 |
| 12 | 2. Is your organization related (other than by association with a statewide of nationwide organization) through membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization (Line 89a)?: No If 'Yes,' the name of the related organization(s): |
| | Is this related organization an exempt organization?: N/A |
| | is this related organization an exempt organization:. M/A |
| 1: | |
| | 3. Did your organization solicit any contributions or gifts that were not tax deductible? (Line 84a): No |
| | |

| you have been granted an exemption: | conduct solicitations from, or from whic |
|---|--|
| COLORADO | |
| This is estimated financial information for a newly e | established charitable organization: No |
| 15. Name of Chief Fiscal Officer who signed this An | nual Financial Report: |
| ROWLAND, ROGER B | Date: 07/28/2003 |