Form 990
(Rev. January 2020)
Form 9990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

Т

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

OMB No. 1545-0047 19 l **Open to Public** Inspection

B Check if applicable: C Name of organization D Employer identification num	ber
Change SHERIDAN COMMUNITY LAND TRUST	
Name Doing business as 20-4385635	
Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number	
Final PO BOX 7185 307-673-4702	
	56,319.
Amended SHERIDAN, WY 82801 H(a) Is this a group return	
	/es X No
14/2 WARREN AVE., SHERIDAN, WY 82801 H(b) Are all subordinates included?	
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see insert no.)	-
J Website: ► SHERIDANCLT.ORG H(c) Group exemption number ►	
K Form of organization: X Corporation Trust Association Other ► L Year of formation: 2005 M State of leg	il domicile: W I
0 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE AGRICULTURAL 0 2 LANDSCAPES, OPEN SPACE, WILDLIFE HABITATS, HISTORICAL STRUCTURE	
2 Check this box ▶ L if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)	12
	12
8 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5	10
6 Total number of volunteers (estimate if necessary)	250
5 Total number of individuals employed in calendar year 2019 (Part V, line 12) 5 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	0.
	nt Year
8 Contributions and grants (Part VIII, line 1h) 548,481. 5	58,908.
9 Program service revenue (Part VIII, line 2g)	0.
	97,079.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 838.	332.
\mathbf{v}	56,319.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 191,051.	30,656.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 191,051.2 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 44,221. 373,494 1	0.
b Total fundraising expenses (Part IX, column (D), line 25) • 44,221.	40 (54
- 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	40,654.
	71,310.
19 Revenue less expenses. Subtract line 18 from line 12 66,684.	85,009.
Beginning of Current Year End	of Year
	<u>02,310.</u> 33,598.
21Total liabilities (Part X, line 26)2,985.22Net assets or fund balances. Subtract line 21 from line 204,053,363.4,4	<u>53,598.</u> 68,712.
之記 22 Net assets or fund balances. Subtract line 21 from line 20 4,053,363. 4,4 Part II Signature Block	00,114.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	nd belief it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CRAIG ACHORD, TREASURER Type or print name and title			Date
Paid	Print/Type preparer's name GREGORY M. MARSHALL, CPA,	Preparer's signature	Date 10/05/	/20 Check PTIN if self-employed P01267206
Preparer	Firm's name RUCKI , MARSHALL ,	NEWBROUGH CPA'S,		Firm's EIN 83-0328254
Use Only	Firm's address 109 SOUTH MAIN ST			-
	SHERIDAN, WY 8280	1		Phone no. (307) 674-6609
May the I	RS discuss this return with the preparer shown above	e? (see instructions)		X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notice,	, see the separate instructions.		Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

-0111	n 990 (2019) SHERIDAN COMMUNITY LAND TRUST 20-438	85635	Pa
Par	Int III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: SHERIDAN COMMUNITY LAND TRUST WORKS TO PRESERVE OUR HERITAGE OF		
	SPACES, HEALTHY RIVERS AND CREEKS, WORKING RANCHES, WILDLIFE H AND VIBRANT HISTORY, WHILE EXPANDING RECREATION OPPORTUNITIES CONNECT PEOPLE WITH THE PLACES THEY LOVE.		т,
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 249,123. including grants of \$) (Revenue \$ SCLT HAS DEVELOPED OVER 15 MILES OF HIKING, BIKING, AND EQUEST TRAILS, INCLUDING RED GRADE TRAILS SYSTEM AT THE BASE OF THE E		NS
	AND SOLDIER RIDGE TRAIL SYSTEM. WE ALSO WORKED WITH PUBLIC AND		
	PROPERTY OWNERS TO DEVELOP THE TONGUE RIVER WATER TRAIL, A SEF		
	ACCESS SITES ALONG THE TONGUE RIVER AND GOOSE CREEKS TO MAKE]	T EAS	ΙE
	FOR PADDLERS AND KAYAKERS TO SAFELY GET ON THE WATER.		
	SCLT HAS CONSERVED 3,500 ACRES OF WORKING LANDS WITH 9 LOCAL F		
	THROUGH CONSERVATION EASEMENTS. FROM CLEARMONT TO THE FOOT OF		IG
	HORNS WE HAVE WORKED WITH LOCAL FAMILIES TO SECURE THEIR LEGAC		
	THEIR PROPERTY. THE CONSERVATION OF THESE PROPERTIES ENSURES (
	HERITAGE OF OPEN SPACE HEALTHY RIVERS WORKING RANCHES AND V (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$	ILDLI	FE
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
<u> </u>	Other program convises (Describe on Schedule C.)		
4d)	
Ŧu	(Expenses \$ including grants of \$) (Revenue \$,	
	0.4.0, 1.0.0	/	
4e	Total program service expenses ► 249,123. D2 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	Form 9	90

Form	aan	(2019)	

Part IV Checklist of Required Schedules

SHERIDAN COMMUNITY LAND TRUST

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	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	х	
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	Х	
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		
IZa		12a		x
h	Schedule D, Parts XI and XII	120		
	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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,			
• -	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	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,"	40		x
20-	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
~ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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Part IV Checklist of Required Schedules (continued)

SHERIDAN COMMUNITY LAND TRUST

			Yes	No
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		Х
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		X
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
b	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
~	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/	200		- 23
C		28c		x
20	"Yes," complete Schedule L, Part IV	200	х	
29 20		29	21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
~	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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?			v
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Do	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1c	000	(a a · = ·
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	·		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo	? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	. 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? 7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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:			
	Gross income from members or shareholders 11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	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 13b	_		
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?			X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			x
	excess parachute payment(s) during the year?	. 15		A
40	If "Yes," see instructions and file Form 4720, Schedule N.	10		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		
	If "Yes," complete Form 4720, Schedule O.			

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SHERIDAN COMMUNITY LAND TRUST

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management				1	-
		1.	I 1	2	Yes	1
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	-			
	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 on Schedule O.		-	2		
	Enter the number of voting members included on line 1a, above, who are independent	-				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with	any other			ľ
	officer, director, trustee, or key employee?			. 2		+
3	Did the organization delegate control over management duties customarily performed by or under					
	of officers, directors, trustees, or key employees to a management company or other person?					+
4	Did the organization make any significant changes to its governing documents since the prior Form					+
5	Did the organization become aware during the year of a significant diversion of the organization's a					+
6	Did the organization have members or stockholders?			. 6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?			. 7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			. 7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	e following:			
а	The governing body?			. 8a	Х	J
b	Each committee with authority to act on behalf of the governing body?			8b	Х	T
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					T
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		I
ec	tion B. Policies (This Section B requests information about policies not required by the Internal					
			,		Yes	Ι
0a	Did the organization have local chapters, branches, or affiliates?			10a		1
	If "Yes," did the organization have written policies and procedures governing the activities of such					t
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bo				x	╉
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	buy ber		114		ł
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	l
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri				X	╉
					- 23	╉
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			10-	x	I
	in Schedule O how this was done				X	╉
13	Did the organization have a written whistleblower policy?				X	+
14	Did the organization have a written document retention and destruction policy?			. 14		+
15	Did the process for determining compensation of the following persons include a review and appro		ndependent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					ł
	The organization's CEO, Executive Director, or top management official				X	4
b	Other officers or key employees of the organization			. 15 b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement v	vith a			
	taxable entity during the year?			. 16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its p	oarticipation			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatic	on's			
	exempt status with respect to such arrangements?			. 16b		
ec.	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	0-T (Section 501(c)(3)s onl	y) avai	ila
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (expla	in on So	chedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,			and fina	ncial	
-	statements available to the public during the tax year.		ponoy,	a /inid		
20	State the name, address, and telephone number of the person who possesses the organization's b	noke a	nd records			
	RUCKI, MARSHALL, NEWBROUGH CPAS, PC - 307-674-660					
	109 S. MAIN ST., SHERIDAN, WY 82801	-				
	· · · · · · · · · · · · · · · · · · ·			Form	n 990	17
- 2000 F	§ 01-20-20			1.011	1 330	. (
52000	6					

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate
	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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C) Position				-		(D)	(E)	(F)
Name and title	Average hours per week	box offic	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any highest compensated employee line) line) line line former	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations					
(1) SUSAN HOLMES PRESIDENT	1.00	x		x				0.	0.	0.
(2) SARAH HEUCK SINCLAIR	1.00									
VICE PRESIDENT		x		x				0.	0.	0.
(3) CRAIG ACHORD	1.00									
TREASURER		X		X				0.	Ο.	0.
(4) SCOTT NEWBOLD	1.00									
SECRETARY		X		Х				0.	0.	0.
(5) DON CRECELIUS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) HOLLAND DUELL	1.00									
DIRECTOR		х						0.	0.	0.
(7) STEVE MAIER	1.00									
DIRECTOR		х						0.	0.	0.
(8) MIKE EVERS	1.00								0	•
DIRECTOR	1 00	X						0.	0.	0.
(9) EDITH HARPER	1.00								0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(10) CARYN MOXEY	1.00	v						0	0	0
DIRECTOR	1.00	X						0.	0.	0.
(11) JAN WINDSOR	1.00	x						0.	0.	0.
DIRECTOR (12) SARAH WALLICK	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(13) BRAD BAUER	40.00							0.	•	0.
EXECUTIVE DIRECTOR	10100	x						69,318.	Ο.	0.
								00,0100		
		1								
000007 01 00 00		•	•	•	•					Eorm 990 (2010)

932007 01-20-20

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2019.04030 SHERIDAN COMMUNITY LAND TRU 00549721

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	990 (2	2019) SHERIDAN	COMMUN	\mathbf{T}	Y I	IAL	1D	TF	<u>t</u> U	ST	20-43	385	<u>635</u>	Pa	age 8
Par	t VII	Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
		(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		an	(F) stimate nount other other pensa	of
			hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	org an	rom the anizat d relat anizatio	ion ed
				-											
				-											
1b	Subt	otal								69,318.		0.			0.
c d	Total Total	from continuation sheets to Part V (add lines 1b and 1c) number of individuals (including but r	II, Section A		·····		· · · · · · ·			0. 69,318.		0.			0.
2		pensation from the organization	iot limited to tr	lose	ISTE			e) wr	10 r	eceived more than \$100	J,000 of reportabl	e		Yes	0 No
3 4	line 1	ne organization list any former officer, a? <i>If</i> "Yes," <i>complete Schedule J for s</i> ny individual listed on line 1a, is the su	such individual										3		X
5	and r Did a	elated organizations greater than \$15 ny person listed on line 1a receive or	0,000? <i>If "Yes,</i> accrue compe	" <i>co</i> nsat	ion f	ete S irom	Sche any	edule / unr	e <i>J f</i> elat	for such individual	idual for services		4		x x
Sec		ered to the organization? If "Yes," con . Independent Contractors	ipiele Schedul	e J 1	01 50	ucn	pers	<u>. 100 - 100</u>					5		
1		plete this table for your five highest cc rganization. Report compensation for		-						n the organization's tax		ipens			
		(A) Name and business	address	N	ONI	3			_	(B) Description of s	ervices	С		C) nsatio	n
2		number of independent contractors (,000 of compensation from the organi	-	iot li	mite	d to		se lis 0	stec	d above) who received n	nore than		Form	990 (2010)

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Form **990** (2019)

Form 990 (20			HERIDA
Part VIII	Staten	nent of	Revenue

SHERIDAN COMMUNITY LAND TRUST

			Check if Schedule O co	ontains	s a response (or note to any lir	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								Tunction revenue	busilless revenue	sections 512 - 514
ts s	1	a Fé	ederated campaigns		1a					
uni										
ΩĘ			lembership dues							
r A			undraising events		··	43,198.				
ia Gi			elated organizations			43,190.				
Sir			overnment grants (contril							
er			Il other contributions, gifts, g							
ĔĔ		siı	milar amounts not included a	above .	1 f	515,710.				
d t		g No	oncash contributions included in li	ines 1a-	1f 1g \$	44,116.				
Contributions, Gifts, Grants and Other Similar Amounts		h To	otal. Add lines 1a-1f			►	558,908.			
						Business Code				
e	2	а								
ωŽ		b								
Program Service Revenue										
e a		 d								
л Б С		е —								
Pro			ll other program convice r	0.0000						
			Il other program service re		-					
			otal. Add lines 2a-2f							
	3		ivestment income (includi	•	-		80,082.			80,082.
			ther similar amounts)				00,002.			00,002.
	4		come from investment of							
	5	R	oyalties							
					(i) Real	(ii) Personal				
	6	a G	ross rents	6a						
		b Le	ess: rental expenses	6b						
		c Re	ental income or (loss)	6c						
		d N	et rental income or (loss)			·····				
		a Gr	ross amount from sales of	(i	i) Securities	(ii) Other				
		as	sets other than inventory	7a 🗌	7,007.	9,990.				
			ess: cost or other basis							
e				7b	0.	Ο.				
en			ain or (loss)	7c	7,007.	9,990.				
ther Revenue			et gain or (loss)				16,997.			16,997.
er			ross income from fundraising				2075570			
Ę	0		cluding \$	y event						
0					of					
			ontributions reported on I							
			art IV, line 18							
			ess: direct expenses							
			et income or (loss) from fu			►				
	9	a G	ross income from gaming	activi	ties. See					
		Pa	art IV, line 19							
		b Le	ess: direct expenses							
		c N	et income or (loss) from g	aming	activities	►				
	10	a G	ross sales of inventory, le	ess retu	urns					
		ar	nd allowances		10a					
			ess: cost of goods sold							
			et income or (loss) from s							
						Business Code				
Miscellaneous Revenue	11	аM	IISCELLANEOUS			900099	332.	332.		
nec										
slla		b								
Re		c								
Ξ			Il other revenue			、	332.			
			otal. Add lines 11a-11d				656,319.	332.	0.	97,079.
	12		otal revenue. See instruction	IS		►	000,319.	ىر 332	U •	-
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9

Part IX Statement of Functional Expenses

SHERIDAN COMMUNITY LAND TRUST

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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,	60 210	45 057	12 964	10 207
_	trustees, and key employees	69,318.	45,057.	13,864.	10,397
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	126,238.	89,444.	17,451.	10 2/2
7	Other salaries and wages	140,430.	09,444.	1/,4JL.	19,343
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	19,399.	14,452.	2,827.	2,120
9	Other employee benefits	15,701.	10,206.	3,140.	2,120
10	Payroll taxes	13,701.	10,200.	5,140.	2,333
11	Fees for services (nonemployees):				
a	F				
b	F	6,000.		6,000.	
C L	6 F	0,000.		0,000.	
d	, , , , , , , , , , , , , , , , , , ,				
e					
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	18,058.	16,453.	1,605.	
10	Advertising and promotion	1,960.	1,837.	70.	53
12 13		2,272.	1,250.	454.	568
13 14	Office expenses	2,501.	1,626.	500.	375
14 15	Information technology	2,5010	1,020.	500.	575
15 16	Royalties	9,371.	6,422.	1,685.	1,264
		4,635.	3,090.	618.	927
17 18	Travel Payments of travel or entertainment expenses	4,000	5,050.	010.	527
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,004.	161.	2,024.	819
19 20					
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization	8,796.		8,796.	
22 23					
23 24	Other expenses. Itemize expenses not covered				
27	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		58,549.	52,780.	1,651.	4,118
b	MISCELLANEOUS	11,518.		11,518.	-,
c	PRINTING & PUBLICATION	8,598.	1,441.	5,716.	1,441
d	EASEMENT PURCHASE	3,997.	3,997.		-, - -
e		1,395.	907.	47.	441
25	Total functional expenses. Add lines 1 through 24e	371,310.	249,123.	77,966.	44,221
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)				

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Form **990** (2019)

932011 01-20-20 11201005 796892 0054972

Total liabilities and net assets/fund balances ...

31

32

33

18,943. 96,044. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 75,000. 50,000. 7 Notes and loans receivable, net Assets 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 569,715. basis. Complete Part VI of Schedule D _____ 10a 504,638. 23,479. 546,236. b Less: accumulated depreciation 10b 10c 3,444,191. 3,791,770. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 4,056,348. 4,502,310. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 33,200. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,985 398. 25 of Schedule D 2,985. 33,598. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,705,635. 2,898,406. Net assets without donor restrictions 27 27 1,347,728. 1,570,306. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30

SHERIDAN COMMUNITY LAND TRUST

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

Cash - non-interest-bearing

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Form 990 (2019)

1

Part X Balance Sheet

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(B)

End of year

18,260.

(A)

Beginning of year

13,576.

1

31

32

33

4,468,712.

4,502,310.

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4,053,363.

4,056,348.

Form	1990 (2019) SHERIDAN COMMUNITY LAND TRUST	20-438	5635	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
			656	1
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,319.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,310.
3	Revenue less expenses. Subtract line 2 from line 1	3		,009.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	$\frac{4,053}{120}$,363.
5	Net unrealized gains (losses) on investments	5	130	,339.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1 1 6	
De	column (B))	10	4,408	,711.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	A
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		2b	x
D	Were the organization's financial statements audited by an independent accountant?		. 20	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:	e Dasis,		
	Separate basis Consolidated basis Both consolidated and separate basis			
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	o oudit		
C	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl		. 20	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
Jd		-	3a	x
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		. <u>Ja</u>	
J.	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
				990 (2019)

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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

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
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of t	he organization							identification number				
				NITY LAND TR					0-4385635				
Par	tI	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.					
The c	rgan	ization is not a private found	lation because it is:	(For lines 1 through 12, o	check only	one box.)							
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(⁻	1)(A)(i).						
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ).)							
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).						
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,				
r		city, and state:											
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental ı	unit descrik	bed in				
,	 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 												
6		A federal, state, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	Х	An organization that norma	Illy receives a substa	intial part of its support	irom a gov	ernmental	l unit or from t	he general	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	ix) operate	ed in conju	unction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, cit	y, and state o	f the colleg	e or				
r		university:											
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 exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the o	ganization	after June 30, 1975.				
r		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).						
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 or	ganizations describe	ed in section 509(a)(1) c	r section	509(a)(2).	See section	5 09(a)(3). (Check the box in				
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, an	d 12g.					
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	y giving				
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting				
		organization. You must o	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving				
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported				
	_	organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrate	ed with,				
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally						-					
		that is not functionally int	0	• •	•		•	d an attent	iveness				
		requirement (see instruct	,	•	-								
е		Check this box if the orga					а Туре I, Туре	II, Type III					
		functionally integrated, or		nally integrated support	ing organi	zation.							
		er the number of supported of	-										
g		vide the following informatior i) Name of supported	n about the supporte	ed organization(s).	(iv) Is the oroa	nization listed	(v) Amount of	monotony	(vi) Amount of other				
	(organization		(described on lines 1-10	(iv) Is the orga in your governi Yes		support (see in		support (see instructions)				
				above (see instructions))	Tes	No		,	, , , , , , , , , , , , , , , , , , , ,				
T . + . !													
Total									1				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 SHERIDAN COMMUNITY LAND TRUST Part II Support Schedule for Organizations Described in Sections 170(b)

20-4385635 Page 2

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.)

See	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2306962.	642,227.	377,736.	357,079.	514,792.	4198796.
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 \dots						
4	Total. Add lines 1 through 3	2306962.	642,227.	377,736.	357,079.	514,792.	4198796.
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)						
6	Public support. Subtract line 5 from line 4.						4198796.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2306962.	642,227.	377,736.	357,079.	514,792.	4198796.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	28,543.	49,336.	81,119.	81,910.	94,686.	335,594.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	36,802.	55,788.	281,388.	192,238.	332.	566,548.
11	Total support. Add lines 7 through 10						5100938.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						>
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (14	82.31 %
	Public support percentage from 2018					15	85.69 %
16a	33 1/3% support test - 2019. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac			•	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	in Part VI how the	·
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∟_
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s ►
					Sche	dule A (Form 990	or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 SHERIDAN COMMUNITY LAND TRUST 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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20)19	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	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 organization's tax-exempt purpose								
3	Gross receipts from activities that								_
Ŭ	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
•	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
Ŭ	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								-
	Amounts included on lines 1, 2, and								
10	3 received from disgualified persons								
b	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								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20)19	(f) Total	
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
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 fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3)) organiza	ation,	
							<u></u>	▶□	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
15	Public support percentage for 2019 (line 8, column (f), c	divided by line 13,	column (f))		15			%
	Public support percentage from 2018					16			%
Sec	ction D. Computation of Inve	stment Incom	e Percentage	ļ					
17	Investment income percentage for 20)19 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17			%
	Investment income percentage from					18			%
1 9a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, a	nd line 1	7 is not	_
	more than 33 1/3%, check this box a							▶∟	
b	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33	31/3%,a	and	_
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted orgar	nization	▶∟	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t					
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Schedule A (Form 990 or 990-EZ) 2019 SHERIDAN COMMUNITY LAND TRUST

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

_____ 10b | _____ Schedule A (Form 990 or 990-EZ) 2019

Yes

No

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 (as 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.)

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Schedule A (Form 990 or 990-EZ) 2019 SHERIDAN COMMUNITY LAND TRUST Part IV 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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	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 yea(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 inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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			
	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		
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Schedule A (Form 990 or 990-EZ) 2019 SHERIDAN COMMUNITY LAND TRUST

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section	on 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		
Section	on 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		
	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on 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		
	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-functional	v integrate	ed Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990 EZ) 2019 SHERIDAN COMMUNITY LAND TRUST

Section D - Distributions Current Year 1 Anounts paid to supported organizations to accomplish exempt purposes of supported organizations. Image: Comparison of Comparison o	Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
2 Announts paid to perform activity that directly furthers exempt purposes of supported organizations. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. 4 Announts paid to accoupties exempt use assets 5 Qualified estable amount of UND. See instructions. 7 Total annual distributions. Add lines 1*through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide datas in Part VI). See instructions. 9 Distributions distributions. Add lines 1*through 6. 9 Distribution and distributions. 9 Distribution and distributions organizations to which the organization is responsive (provide datas in Part VI). See instructions. 9 Distributable amount of 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount 11 Distributable amount of 2019 from Section C, line 6 2 Underdistributions (from years prior to 2019 (reason-able cause required: explain Part VI). See instructions. 3 Excess distributions caryover, if any, to 2019 4 From 2016 6 From 2016 7 Ford 2016 7 Ford 2016 6 Ford 2019 9	Sect			(Current Year
a Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt use assets 5 Outilitied set aside amounts (prior IRS approval required) 6 Other distributions (description Part V). See instructions. 7 Total annual distributions (accounts of the Part V). See instructions. 9 Distributions to attentive supported organization is responsive (provide details in Part V). See instructions. 9 Distributions of the Part V). See instructions. 9 Distributions of prior years prior to 2019 (reason- able cause required- explain in Part VI). See instructions. 1 Evcess distributions, array over, if any, to 2019 1 From 2014 1 From 2015 1 Total of lines 3a through e 1 Carray over from 2014 on applied ee instructions) 1 From 2015 1 Total of lines 3a through e 1 Applied to underdistributions of prior years 1 Applied to underdistributions of prior years 1 Applied to 2019 distributable amount 1 Carray over from 2014 ont applied (eee inst	1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Mountis paid to acquire exempt use assets 5 Qualified existed amount (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributional distributions (see instructions) (i) 9 Distribution Atlocations (see instructions.) (ii) 10 Line 8 amount for 2019 from Section C, line 6 (iii) 11 Underdistributions, fram, for years prior to 2019 (sean-able cause required-explain in Part VI). See instructions. (iii) 2 Excess distributions of prior years (iii) 4 From 2016 (iii) 6 From 2016 (iiii) 7 Total annus for 2019 form 3- (iiii) 8 Excess distributions of prior years (iii) 9 Applied to undendistributions of prior years	2	Amounts paid to perform activity that directly furthers exemp			
4 Amounts paid to acquire exempt use assets 5 5 Outlifed set aside amounts (prior IRS approval required) 6 6 Other distributions (accounts) in Part VI). See instructions. 1 7 Total annual distributions (accounts). Add lines 1 through 6. 1 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 1 9 Line 8 amount for 2019 from Section C, line 6 1 10 Line 1 amount divided by line 9 amount (i) 11 Distributable amount for 2019 from Section C, line 6 1 2 Underdistributions, flar, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 1 3 Excess distributions arryover, if any, to 2019 1 1 a from 2014 1 1 1 b From 2015 1 1 1 6 7 1 1 7 1 1 1 1 8 1 1 1 1 1 1 1 9 1 1 1 1 1 1		organizations, in excess of income from activity			
5 Qualified set-aside amounts (prior 1RS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) Excess Distributions 9 Distributable amount for 2019 from Section C, line 6 2 Underdistributions carryover, if any, to 2019 (reason-able cause required: explinit explinit part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2016 Entrol 1 6 From 2016 7 Total of lines 3a through e 9 Applied to underdistributions of prior years 1 Applied to 2019 distributable amount 1 Carryover from 2014 not applied (see instructions) 1 Remainder. Subtract lines 3g, and al 3i from 3i. 4 Distributions for 2019 from Section D, line 7:	3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attertive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attertive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distribution allocations (see instructions) Excess Distributions 9 Underdistributions (see instructions) Excess Distributions 10 Distributable amount for 2019 from Section C, line 6 Image: Comparison of Comparis	4	Amounts paid to acquire exempt-use assets			
7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount 11 Distributable amount for 2019 from Section C, line 6 12 Underdistributions, if any, for years prior to 2019 (reason- able cause required - 2nghain in Part V). See instructions. 3 Excess distributions caryover, if any, to 2019 a From 2014 E b From 2015 E c From 2016 E d From 2017 E g Applied to underdistributions of prior years E h Applied to 2019 distributable amount E 1 Caryover from 214 not applied (see instructions) ine 7: \$ a Applied to 2019 distributable amount E 1 Caryover from 214 not applied (see instructions) E j Remainder. Subtract lines 3g, 3h, and 3i from 3f. E 4 Distributatis ad and thoring 4.	5	Qualified set-aside amounts (prior IRS approval required)			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 9 Distributable amount for 2019 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) 9 Distributable amount for 2019 from Section C, line 6 9 2 Underdistributions (i) (iii) 10 Distributable amount for 2019 from Section C, line 6 9 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 9 3 Excess distributions carryover, if any, to 2019 9 9 4 From 2014 9 9 5 From 2015 9 9 6 From 2016 9 9 10 Total of lines 3 a through e 9 10 11 Carryover from 2014 not applied (see instructions) 1 1 12 Carryover from 2014 not applied (see instructions) 1 1 13 Remainder, Subtract lines 3g, 3h, and 3h from 3f. 9 1 1 14 Distributable amount 1 </th <td>6</td> <td>Other distributions (describe in Part VI). See instructions.</td> <td></td> <td></td> <td></td>	6	Other distributions (describe in Part VI). See instructions.			
gprovide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Pre-2019 1 Distributable amount for 2019 from Section C, line 6 Image: Comparison of the Comparison of 2019 (reason- able cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 Image: Comparison of Comparison of 2019 (reason- able cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 Image: Comparison of Compa	7	Total annual distributions. Add lines 1 through 6.			
9 Distributable amount for 2019 from Section C, line 6 (i) Underdistributions 10 Line 8 amount divided by line 9 amount (ii) Underdistributions 9 Distributable amount for 2019 from Section C, line 6 (ii) Underdistributions 1 Distributable amount for 2019 from Section C, line 6 (iii) Underdistributions 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. (iii) (iii) 3 Excess distributions carryover, if any, to 2019 (iii) (iii) 4 From 2016 (iii) (iii) 5 From 2018 (iii) (iii) (iii) 6 From 2018 (iii) (iii) (iii) 7 Total of lines 3a through e (iii) (iii) (iii) 9 Applied to underdistributions of prior years (iii) (iii) (iii) 1 Carryover from 2014 not applied (see instructions) (iiii) (iiii) (iiii) 1 Remainder. Subtract lines 3g, 3h, and 3i from 3f. (iiiii) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
10 Line 8 amount divided by line 9 amount (i) (ii) (iii) (iii) Distributions (iii) Distributions Distributions Distributions Distributions Distributions Distributable Distributable<		(provide details in Part VI). See instructions.			
itility itility itility itility itility Section E - Distribution Allocations (see instructions) Itexcess Distributions Underdistributions Itility Distributable Amount for 2019 1 Distributable amount for 2019 from Section C, line 6 Itexcess	9	Distributable amount for 2019 from Section C, line 6			
Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Pre-2019 Distributable Amount for 2019 1 Distributions, if any, for years prior to 2019 (reason- able cause required- explain in Part VI). See instructions. Image: Comparison of Comp	10	Line 8 amount divided by line 9 amount			
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c Excess from 2017	а				
d Excess from 2018	b	Excess from 2016			
	с	Excess from 2017			
e Excess from 2019	d	Excess from 2018			
	e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Part VI	Supplemental Information	IDAN COMMUNITY			20-4385635 Pa
	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and	, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 d 3; Part IV, Section E, lines	11a, 11b, and 11c; P s 1c, 2a, 2b, 3a, and	art IV, Section B, lines 3b; Part V, line 1; Part	1 and 2; Part IV, Section C V, Section B, line 1e; Part V
	Section D, lines 5, 6, and 8; and Pa (See instructions.)	rt V, Section E, lines 2, 5, a	nd 6. Also complete	this part for any additi	onal information.
32028 09-25-1	9			Schedu	ule A (Form 990 or 990-EZ
			20		-

Department of the Treasury Internal Revenue Service Name of the organization

or 990-PF

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

2019

Employer identification number

SHERIDAN	COMMUNITY	LAND	TRUST	

20-4385635

Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	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	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn'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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 2

20-4385635

SHERIDAN COMMUNITY LAND TRUST

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	CITY OF SHERIDAN PO BOX 848 SHERIDAN, WY 82801	\$19,880.	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	SHERIDAN COUNTY 224 S MAIN ST SHERIDAN, WY 82801	\$20,000.	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
3	DAN AND JEANNE SCOTT FAMILY FOUNDATION 401 N 31ST ST, STE 700 BILLINGS, MT 59101	\$ <u>20,250.</u>	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
			.,
No.	Name, address, and ZIP + 4 TUCKER FOUNDATION 9337 BRADMORE LANE	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for
<u>No.</u>	Name, address, and ZIP + 4 TUCKER FOUNDATION 9337 BRADMORE LANE OOLTEWAH, TN 37363 (b)	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4 TUCKER FOUNDATION 9337 BRADMORE LANE OOLTEWAH, TN 37363 (b) Name, address, and ZIP + 4 CONNIE AND CARL CLARK PO BOX 7185	Total contributions \$ 15,000. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Image: Complete Part II for noncash (complete Part II for Image: Complete Part II for noncash Image: Complete Part II for noncash
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 TUCKER FOUNDATION 9337 BRADMORE LANE OOLTEWAH, TN 37363 (b) Name, address, and ZIP + 4 CONNIE AND CARL CLARK PO BOX 7185 SHERIDAN, WY 82801 (b)	Total contributions \$ 15,000. (c) Total contributions \$ 51,000. (c) (c)	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

20 - 4385635

SHERIDAN COMMUNITY LAND TRUST

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	HOMER A AND MILDRED S SCOTT FOUNDATION PO BOX 2007 SHERIDAN, WY 82801	\$53,620.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	THE SEIDLER FOUNDATION PO BOX 1297 DES MOINES, IA 50305	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	WYOMING HUMANITIES COUNCIL 1315 E LEWIS ST LARAMIE, WY 82072	\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Payroll Payroll Payroll Payroll Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

11201005 796892 0054972

Name	of	organization

Employer identification number

20-4385635

SHERIDAN COMMUNITY LAND TRUST

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. 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
		\$	
(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
		 \$	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 4

Name of orga	nization		Employer identification number
GHEBIUI	AN COMMUNITY LAND TRUS	Ψ	20-4385635
Part III		tions to organizations described in sec) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	_
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- 			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			
923454 11-06-19)	25	Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

11201005 796892 0054972 2019.04030 SHERIDAN COMMUNITY LAND TRU 00549721

SCHEDULE D

(Form 990)

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.



Employer identification number

20-4385635

Department of the Treasury Internal Revenue Service Name of the organization

SHERIDAN COMMUNITY LAND TRUST

	organization answered "Yes" on Form 990, Part IV, line	6		
	organization answered Tes On Tonn 990, Part IV, inte	(a) Donor advised funds	(b) Funds and other accounts
I	Total number at end of year	.,	,	,
2	Aggregate value of contributions to (during year)			
-	Aggregate value of grants from (during year)			
ļ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	I vised func	6
	are the organization's property, subject to the organization's e	-		
5	Did the organization inform all grantees, donors, and donor ad			
,	for charitable purposes and not for the benefit of the donor or			
a	t II Conservation Easements. Complete if the orga			
	Purpose(s) of conservation easements held by the organizatio		,,	
•	X Preservation of land for public use (for example, recreati		of a histor	rically important land area
	X Protection of natural habitat			ed historic structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ad conservation contribution in the form	n of a cor	servation essement on the las
-	day of the tax year.		li oi a coi	Held at the End of the Tax Y
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic stru-		F	2c
	Number of conservation easements included in (c) acquired at		F	20
u	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
,		ased, extinguished, or terminated by th	ne organi	
	year 🕨			
	Number of states where preparty subject to concernation and	amont is logated N		
ŀ	Number of states where property subject to conservation ease		-	
 5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o		V
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it	odic monitoring, inspection, handling o holds?		
	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o holds?		
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, h	odic monitoring, inspection, handling o holds? nandling of violations, and enforcing co	nservatio	n easements during the year
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, he Amount of expenses incurred in monitoring, inspecting, handling	odic monitoring, inspection, handling o holds? nandling of violations, and enforcing co	nservatio	n easements during the year
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h Amount of expenses incurred in monitoring, inspecting, handling \$	odic monitoring, inspection, handling o holds? handling of violations, and enforcing co ing of violations, and enforcing conserv	nservatio vation eas	n easements during the year
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, h Amount of expenses incurred in monitoring, inspecting, handli \$ Does each conservation easement reported on line 2(d) above	odic monitoring, inspection, handling o holds? handling of violations, and enforcing co ing of violations, and enforcing conserv e satisfy the requirements of section 17	nservatio vation eas 70(h)(4)(B)	(i)
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, h ▲	odic monitoring, inspection, handling o holds? handling of violations, and enforcing co ing of violations, and enforcing conserv e satisfy the requirements of section 17	nservatio vation eas 70(h)(4)(B)	(i)
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, he →	odic monitoring, inspection, handling o holds? nandling of violations, and enforcing co ing of violations, and enforcing conserve e satisfy the requirements of section 17 on easements in its revenue and expense	nservatio vation eas r0(h)(4)(B) se statem	(i) (i) Nent and
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, he →	odic monitoring, inspection, handling o holds? nandling of violations, and enforcing co ing of violations, and enforcing conserve e satisfy the requirements of section 17 on easements in its revenue and expense	nservatio vation eas r0(h)(4)(B) se statem	(i) (i) Nent and
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, he Amount of expenses incurred in monitoring, inspecting, handli Staff and volunteer hours devoted to monitoring, inspecting, handli Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footno- organization's accounting for conservation easements.	odic monitoring, inspection, handling o holds? nandling of violations, and enforcing co ing of violations, and enforcing conserve e satisfy the requirements of section 17 on easements in its revenue and expension to the organization's financial states	nservatio vation eas 70(h)(4)(B) se statem ments tha	n easements during the year sements during the year (i) (ii) Nent and at describes the
5	Does the organization have a written policy regarding the perior violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h →	odic monitoring, inspection, handling of holds? mandling of violations, and enforcing co ing of violations, and enforcing conserve e satisfy the requirements of section 17 m easements in its revenue and expense ote to the organization's financial states Art, Historical Treasures, or e	nservatio vation eas 70(h)(4)(B) se statem ments tha	n easements during the year sements during the year (i) (ii) Nent and at describes the
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5 7 3	Does the organization have a written policy regarding the perior violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, he Amount of expenses incurred in monitoring, inspecting, handli ►	odic monitoring, inspection, handling of holds? mandling of violations, and enforcing co- ing of violations, and enforcing conserve e satisfy the requirements of section 17 on easements in its revenue and expense to the organization's financial states Art, Historical Treasures, or (990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in	nservatio vation eas r0(h)(4)(B) se statem ments tha Other S t and bala furtheran	n easements during the year sements during the year (i) Yes hent and at describes the Similar Assets. ance sheet works
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5 7 9 9	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, he Amount of expenses incurred in monitoring, inspecting, handli > \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form S If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publis service, provide in Part XIII the text of the footnote to its finance If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	odic monitoring, inspection, handling of holds? mandling of violations, and enforcing co- ing of violations, and enforcing conserv- e satisfy the requirements of section 17 on easements in its revenue and expens- ote to the organization's financial stated Art, Historical Treasures, or (990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in cial statements that describes these ite 3, to report in its revenue statement and exhibition, education, or research in fur	nservatio vation eas r0(h)(4)(B) se statem ments tha Other S t and balance t balance therance	n easements during the year sements during the year (i) Yes Pent and at describes the Similar Assets. ance sheet works ice of public e sheet works of of public service,
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5 7 3 9 1a b	Does the organization have a written policy regarding the perior violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer hours devoted to monitoring, inspecting, here is a staff and volunteer to the foot of the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public of provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X If the organization received or held works of art, historical treasures, the following amounts required to be reported under FASB ASC 958 art, historical treasures, or other similar assets held for public of provide the following amounts relating to these items:	odic monitoring, inspection, handling of holds? mandling of violations, and enforcing conserv- e satisfy the requirements of section 17 on easements in its revenue and expense one to the organization's financial state Art, Historical Treasures, or of 990, Part IV, line 8. 3, not to report in its revenue statement ic exhibition, education, or research in cial statements that describes these ite 3, to report in its revenue statement and exhibition, education, or research in fur sures, or other similar assets for finance SC 958 relating to these items:	nservatio vation eas (0(h)(4)(B) se statem ments tha Other S t and balance therance therance	n easements during the year sements during the year (i) Yes Yes imilar Assets. ance sheet works ice of public e sheet works of of public service, \$ \$ orovide
al b	Does the organization have a written policy regarding the perior violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, h →	odic monitoring, inspection, handling of holds? mandling of violations, and enforcing conserv- e satisfy the requirements of section 17 on easements in its revenue and expense one to the organization's financial states Art, Historical Treasures, or of 990, Part IV, line 8. 3, not to report in its revenue statement lic exhibition, education, or research in cial statements that describes these ite 3, to report in its revenue statement and exhibition, education, or research in fur sures, or other similar assets for finance SC 958 relating to these items:	nservatio vation eas (0(h)(4)(B) se statem ments tha Other S t and balance therance therance	n easements during the year sements during the year (i) Yes (i) Yes (ii) Yes inent and at describes the Similar Assets. ance sheet works ice of public e sheet works of of public service, \$ \$ orovide \$ \$

		N COMMUNITY						20-43			age 2
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)										
3											
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	b Scholarly research e Other										
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how they f	urther t	he organizatio	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, histor	ical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Par		0					, ,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for cont	tributior	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII										
~			no tring table						Amount		
~	Reginning balance						1c		7 anount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
f	Ending balance								V		
	Did the organization include an amount on Fo						ty?	L	Yes		_ No
_	If "Yes," explain the arrangement in Part XIII.						•				
Par	t V Endowment Funds. Complete if	-							() F		
		(a) Current year	(b) Prior	,	(c) Two years			ears back			
	Beginning of year balance	1,346,228.		8,258.		457.	1,0	21,967.	1,	,002,	599.
b	Contributions			5,050.							
	Net investment earnings, gains, and losses	85,143.	9	2,920.	85	6,801.	1	20,490.		19,	368.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	1,431,371.	1,34	6,228.	1,228	,258.	1,1	42,457.	1,	021,	967.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, co	olumn (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
с	Term endowment	/6									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	•	ation that an	e held a	and administer	red for th	ne organiz	ration			
00	by:						ie erganiz	ation	Г	Yes	No
	•								3a(i)	100	X
	o										X
h	(ii) Related organizations	tione lieted on unsuiv							Sa(II)		
									3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tunc	IS.							
1 41	Complete if the organization answered		Dort IV lin	o 110 G	Soo Form 000	Dort V	line 10				
								-1	(-1) D1		
	Description of property	(a) Cost or of basis (investm			t or other (other)	.,	cumulate preciation	a	(d) Bool	(value	Э
<u> </u>					. ,	uep	reclation		E 0 (11
	Land			50	0,011.				500	0,0	<u> </u>
	Buildings										
	Leasehold improvements						0.0.4	-			~-
	Equipment			6	9,704.		23,4	/9.	40	5,2	<u> 25 -</u>
e	Other								- •		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (E	3), line 1	10c.)				540	5,2	36.
							;	Schedule	D (Form	n 990)	2019

Part VII	Investr	nents - (Other Securities	5.			
Schedule D	(Form 990) 2019	SHERIDAN	COMMUNITY	LAND	TRUST	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	on Form 000 Port IV line	11d See Form 000 Dart V line 15	
Complete if the organization answered "Yes"	Description	Tid. See Form 990, Part A, line 15.	(b) Book value
	Description		
<u>(1)</u>			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			200
(2) PAYROLL LIABILITIES PAYAB	LE		398.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	>	398.
		-	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 SHERIDAN COMMUNITY LAND TRU	JST		20-	4385635	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per Re	eturr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				

4c

5	Total I	revenue. Add lines 3 and	d 4c. (This mus	t equal Form 99	0, Part I, line 12	<u>?)</u>		5	
Par	t XII	Reconciliation of	Expenses	per Audited	Financial S	tatements With Ex	penses per	Retu	rn.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

c Add lines 4a and 4b

1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	t 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 II, LINE 9:

11

AT JUNE 30, 2020, SCLT HELD 11 CONSERVATION AND 2 HISTORIC PRESERVATION
EASEMENTS. SCLT ONLY HOLDS CONSERVATION EASEMENTS ON PROPERTIES ACCEPTABLE
TO THE LAND TRUST. BECAUSE THE SHERIDAN COMMUNITY LAND TRUST DOES NOT
BELIEVE THAT CONSERVATION EASEMENTS MEET THE DEFINITION OF AN ASSET AS
DEFINED IN CONCEPT STATEMENT NO. 6 OF THE FINANCIAL ACCOUNTING STANDARDS
BOARD (FASB), THE EASEMENTS ARE RECORDED AT A NOMINAL VALUE OF \$1. THESE
EASEMENTS MAY BE ACQUIRED THROUGH A DONATION OR BY PURCHASE. IF ACQUIRED
BY DONATION, THE EASEMENT IS RECORDED AT THE NOMINAL \$1 VALUE, AND THE
DONATION AMOUNT IS RECORDED AS A NON-CASH CONTRIBUTION. IF ACQUIRED BY
PURCHASE, THE DIFFERENCE BETWEEN THE \$1 NOMINAL VALUE AND THE PURCHASE
PRICE IS RECORDED AS A PROGRAM (LAND PROTECTION) EXPENSE. SCLT ALSO HOLDS
932054 10-02-19 Schedule D (Form 990) 2019
1201005 796892 0054972 2019.04030 SHERIDAN COMMUNITY LAND TRU 00549721

Schedule D (Form 990) 2019	SHERIDAN COMMUNITY LAND TRU	JST 20-4385635 Page 5
Part XIII Supplemental Infor	mation (continued)	
HISTORIC PRESERVATI	ON EASEMENTS PLACED ON STRUC	TURES ACCEPTABLE TO THE
LAND TRUST. AT JUNE	30, 2020, 2 SUCH EASEMENTS	HAVING A 50-YEAR LIFE SPAN
WERE HELD. HISTORIC	PRESERVATION EASEMENTS ARE	NOT BOOKED AS AN ASSET BUT
ARE LISTED IN NOTES	TO ANNUAL FINANCIAL STATEME	NTS WITH THE YEARS THEY
REMAIN IN EFFECT NO	TED.	

PART V, LINE 4 -

RESTRICTED SPECIFICALLY FOR THE PURPOSE OF STARTING AN ENDOWMENT TO SUPPORT SHERIDAN COMMUNITY LAND TRUST'S OPERATION EXPENSES (PROGRAMS, DEVELOPMENT AND ADMINISTRATION). THE PURPOSE OF THIS GIFT AND ENDOWMENT IS TO PROVIDE SECURITY FOR SHERIDAN COMMUNITY LAND TRUST TO OPERATE AND PURSUE ITS MISSION IN PERPETUITY.

932055 10-02-19

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ 2

(d)

|9

Public

Department of the Treasury Internal Revenue Service

Part I

1

2

3

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 instruction

Name of the organization

SHERIDAN COMMUNITY LAND TRUST

ns and the latest information.		Inspection
	Employer	identification number
TRUST	2	0-4385635

Types of Property (a) (b) (c) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 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				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (EQUIPMENT)	X	1	44,115.	FAIR MARKET VALUE
26	Other ► ()				
27	Other ► ()				
28	Other ► (
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that 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		Х
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 column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932141 09-27-19

11201005 796892 0054972

31

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

932142 09-27-19	Schedule M (Form 990) 201
201005 796892 0054972	32 2019.04030 SHERIDAN COMMUNITY LAND TRU 00549721
201003 190092 0034312	2019-04030 BIERIDAN COMMONILI LAND IRU 00349/21

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



20-4385635

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SHERIDAN COMMUNITY LAND TRUST

SITES, AND TO PROVIDE OPPORTUNITIES FOR RECREATION, THESE INTERESTS

BEING COMPLIMENTARY AND ESSENTIAL TO THE QUALITY OF LIFE AND ECONOMIC

STABILITY IN SHERIDAN COUNTY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HABITAT FOR FUTURE GENERATIONS.

SCLT WORKS ACROSS OUR COMMUNITY TO BRING FREE AND OPEN TO THE PUBLIC COMMUNITY EDUCATION OPPORTUNITIES. FROM HOW TO SAFELY RECREATE, TO LOCAL HISTORY, OUR GEOLOGY, AND BIRDS OF OUR REGION OUR EDUCATION SERIES WAS ENJOYED BY OVER 700 CHILDREN AND FAMILIES IN 2020. VOLUNTEERS ARE CRITICAL TO OUR ACCOMPLISHMENTS WITH OVER 250 COMMUNITY MEMBER GIVING OVER 3,400 HOURS OF THEIR TIME.

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

THE TAX RETURN IS REVIEWED WITH THE BOARD PRIOR TO IT BEING FILED WITH THE INTERNAL REVENUE SERVICE.

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

THE CONFLICT OF INTEREST POLICY IS SIGNED EACH YEAR AND ANY CONFLICTS THAT ARISE WILL BE PROCESSED THROUGH DUE CARE. THE MEMBERS OF THE BOARD WILL MONITOR ANY CONFLICTS AND TAKE APPROPRIATE ACTION IN ASSESSING THE NATURE AND MAGNITUDE OF SUCH CONFLICTS. WHEN WARRANTED BY THE NATURE AND MAGNITUDE OF THE CONFLICT OF INTEREST, REQUEST THAT A CONFLICTED MEMBER OF THE BOARD OF DIRECTORS, ADVISORY BOARD, COMMITTEE OR WORK GROUP RESIGN.

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19 33

11201005 796892 0054972

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization SHERIDAN COMMUNITY LAND TRUST	Employer identification number 20-4385635
	20 4303033

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION PROCESS FOR TOP OFFICIAL BASED ON RECOMMENDATIONS FROM THE EXECUTIVE COMMITTEE AND AFTER THE FINANCE COMMITTEE CONDUCTS A REVIEW OF COMPENSATION AT COMPARABLE ORGANIZATIONS THE BOARD OF DIRECTORS APPROVES THE EXECUTIVE DIRECTOR'S SALARY AND OTHER FINANCIAL BENEFITS AS PART OF THE ANNUAL BUDGET AND THE BOARD CHAIR ALSO PROVIDES THE EXECUTIVE DIRECTOR WRITTEN NOTICE OF SUCH SALARY AND BENEFITS WITH A COPY TO THE BOOKKEEPER.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated
	MACHINERY & EQUIPMENT							LXU				Depreciation	LXPENSE		Depreciation
1	TOOL TRAILER	08/28/15	200DB	7.00	нү	17	2,500.				2,500.	2,110.		111.	2,221.
2	DESK	06/30/15	200DB	7.00	нү	17	1,000.				1,000.	749.		100.	849.
3	2 TABLES	06/30/15	200DB	7.00	нү	17	1,000.				1,000.	749.		100.	849.
4	COMPUTER	06/08/09	200DB	5.00	нү	17	1,015.				1,015.	1,015.		0.	1,015.
5	APPLE COMPUTER	06/14/12	200DB	5.00	нү	17	1,302.				1,302.	1,302.		0.	1,302.
6	APPLE LED CINEMA DISPLAY	02/26/14	200DB	5.00	нү	17	847.				847.	847.		٥.	847.
7	13 MACBOOK PRO	02/26/14	200DB	5.00	нү	17	1,377.				1,377.	1,377.		٥.	1,377.
8	APPLE COMPUTER MONITOR	08/07/15	200DB	5.00	нү	17	741.				741.	610.		87.	697.
9	APPLE COMPUTER	09/10/15	200DB	5.00	нү	17	1,059.				1,059.	868.		127.	995.
16	MULE-ATV	07/09/16	200DB	7.00	нү	17	5,100.				5,100.	2,870.		637.	3,507.
17	APPLE ONLINE	03/08/17	200DB	5.00	нү	17	2,255.				2,255.	1,606.		260.	1,866.
21	COMPUTER EQUIPMENT	07/20/17	200DB	5.00	нү	17	1,115.				1,115.	580.		214.	794.
24	SURFACE PRO 6 LAPTOP, COVER, PEN, DOCK	09/30/19	SL	5.00	1	16	2,279.				2,279.			342.	342.
25	MINI EXCAVATOR	10/04/19	SL	5.00	1	16	36,665.				36,665.			5,500.	5,500.
26	TANDEM AXLE TAILER W/ HINGEABLE RAMPS	10/04/19	SL	5.00	1	16	3,500.				3,500.			525.	525.
27	LOCKABLE FUEL TANK 90 GAL W/ TOOLBOX	10/04/19	SL	5.00		16	1,500.				1,500.			225.	225.
28	VIBRATORY PLATE COMPACTOR	10/04/19	SL	5.00	1	16	1,950.				1,950.			293.	293.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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	90 PAGE 10				_	_	_	990	_	_					
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
29	STRAPS, CHAINS, AND BINDERS	10/04/19	SL	5.00		16	500.				500.			75.	75.
30	JOHN DEERE GATOR	03/31/20	SL	5.00		16	4,000.				4,000.			200.	200.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						69,705.				69,705.	14,683.		8,796.	23,479.
	LAND														
10	VOA-LITTLE GOOSE CREEK	12/17/07	L				1.				1.			٥.	
11	BUYOK RANCH	09/14/10	L				1.				1.			0.	
12	SOLDIER RIDGE	03/09/12	L				1.				1.			٥.	
13	MCMEANS	11/22/13	L				1.				1.			0.	
14	LEGACY LAND AND CATTLE	06/23/15	L				1.				1.			0.	
15	FOLLEY RANCH-LIFE ESTATE	12/16/16	L				500,000.				500,000.			0.	
18	SOLDIER HILLS	06/30/13	L				1.				1.			0.	
19	HART	06/30/12	L				1.				1.			0.	
20	NORTH GATEWAY	03/31/17	L				1.				1.			0.	
22	DEER HAVEN 1	03/31/19	L				1.				1.			0.	
23	DEER HAVEN 2	03/31/19	L				1.				1.			٥.	
31	SHERIDAN HEIGHTS RANCH	10/16/19	L				1.				1.			Ο.	
	* 990 PAGE 10 TOTAL LAND						500,011.				500,011.	٥.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						569,716.				569,716.	14,683.		8,796.	23,479.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

Torur 9	90 PAGE 10	-						990						-	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						519,321.			0.	519,321.	14,683.			16,319.
	ACQUISITIONS						50,395.			Ο.	50,395.	0.			7,160.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						569,716.			0.	569,716.	14,683.			23,479.
	ENDING ACCUM DEPR											23,479.			
	ENDING BOOK VALUE											546,237.			

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone