### Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-1878
	110.	1040-1010

Department of the Treasury Internal Revenue Service	For calendar year 2013, or fiscal year beginning, 2013, and ending ▶ Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-EO and its instructions is at www.lrs.gov/form8		2013
Name of exempt organization		Employer ider	tification number
SHEFFIELD PL	ACE	43-153	32267
Name and title of officer			
	EXECUTIVE DIRECTOR		
Part I Type of R	eturn and Return Information (Whole Dollars Only)		
check the box on line leave line 1b, 2b, 3b,	b Total revenue, if any (Form 990-EZ, line 9)  heck here b b Total tax (Form 1120-POL, line 22)  b Tax based on investment income (Form 990-PF, Part VI,	filed with this fed -0- on the reconstruction 1b 2b 3b _ line 5). 4b _	form was blank, then
Part II Declaration	n and Signature Authorization of Officer		
are true, correct, and corganization's electron to send the organization the transmission, (b) the authorize the U.S. Treatinancial institution accoreturn, and the financial Agent at 1-888-353-45 involved in the process resolve issues related	ectronic return and accompanying schedules and statements and to the best of complete. I further declare that the amount in Part I above is the amount shown ic return. I consent to allow my intermediate service provider, transmitter, or early return to the IRS and to receive from the IRS (a) an acknowledgement of refere expected in the tax processing the return or refund, and (c) the date of areasury and its designated Financial Agent to initiate an electronic funds withdraw ount indicated in the tax preparation software for payment of the organization's all institution to debit the entry to this account. To revoke a payment, I must conform a later than 2 business days prior to the payment (settlement) date. I also sing of the electronic payment of taxes to receive confidential information neces to the payment. I have selected a personal identification number (PIN) as my set applicable, the organization's consent to electronic funds withdrawal.	n on the copy of lectronic return ceipt or reason by refund. If apwal (direct debits federal taxes that the U.S. To authorize the ssary to answers.	the originator (ERO) or for rejection of plicable, I t) entry to the owed on this reasury Financial financial institutions or inquiries and
Officer's PIN: check o	ICKETT, CHANEY & MCMULLEN LLP to enter my PIN ERO firm name	6 2 1 6 er five numbers, b	as my signature
being filed with	ation's tax year 2013 electronically filed return. If I have indicated within this re a a state agency(ies) regulating charities as part of the IRS Fed/State program my PIN on the return's disclosure consent screen.	turn that a cop	
If I have indica	f the organization, I will enter my PIN as my signature on the organization's tarted within this return that a copy of the return is being filed with a state agency tate program, I will enter my PIN on the return's disclosure consent screen.	x year 2013 el (les) regulatin	ectronically filed return. g charities as part of
Officer's signature	Date ▶ (	5/14/201	4
Part III Certifica	tion and Authentication		
number (EFIN) followe I certify that the above indicated above. I cont	your six-digit electronic filing identification d by your five-digit self-selected PIN.  numeric entry is my PIN, which is my signature on the 2013 electronically filed that I am submitting this return in accordance with the requirements of Pul	0 8 6 1 do not enter	organization
Information for Authori	Date ►  ERO Must Retain This Form - See Instructions	6/14/1	<u> </u>
	Do Not Submit This Form To the IRS Unless Requested To Do		
For Panerwork Reduc	tion Act Notice see back of form		Form 8879-EQ (2013)

### Form 990

### 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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

ĀĪ	or th	e 201	3 calendar year, or tax year beginning , 2013,	and ending		, 20	
			C. Name of organization		D Employer identific		
B	heck if a	pplicable:	SHEFFIELD PLACE	43-1532267			
	Addr		Doing Business As				
Г		a change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Initia	raturn	6604 E. 12TH STREET		(816) 483-9	927	
	Term	inated	City or town, state or province, country, and ZiP or foreign postal code			200 500	
	Amer	ń i	KANSAS CITY, MO 64126		G Gross receipts \$	997,526.	
L	Appli pend	cation ing	F Name and address of principal officer: KELLY WELCH		H(a) is this a group return subordinates?		
			6604 E. 12TH STREET KANSAS CITY, MO 64126		H(b) Are all subordinates in		
ſ		empt st		or 527	If "No," attach a list		
			WWW.SHEFFIELDPLACE.ORG		H(c) Group exemption no		
			ization: X Corporation. Trust Association Other	L Year of fo	rmation: 1989 M State	of legal domicile: 140	
Р	art l	Sur	mmarý TRG XX	COTON TO	MO EMPOWED NON	TTTES MOTHERS	
	1	Briefly	describe the organization's mission or most significant activities: ITS MI	SSLUN IS	TO EMPOWER HOP	TENTION NOTHENO	
5		FRO	M THEIR TRAUMA AND HELP THEM BECOME SELF SUFF	TOTENT.			
133					DEN - file and arrests		
Activities & Governance	2		this box F if the organization discontinued its operations or dispose		1 4 1	17.	
<u>ن</u> ق مع	3		er of voting members of the governing body (Part VI, line 1a)			17.	
S	4		er of independent voting members of the governing body (Part VI, line 1b)		· · · · · · · · · · · · · · · · · · ·	20.	
Z.	5		number of individuals employed in calendar year 2013 (Part V, line 2a)			337.	
5	6		number of volunteers (estimate if necessary)		· · · · · · · · · <del>   </del>	0	
_			unrelated business revenue from Part VIII, column (C), line 12			.0	
	D	Net ur	Trelated business (axable income nonregum) 990-1, line 34	<del>''''</del>	Prior Year	Current Year	
		Contid	butions and grants (Part VIII, line 1h)		775,778.	981,509.	
Revenue	8		am service revenue (Part VIII, line 2g)	1	7,938.	8,688.	
ķ	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		674.	937.	
2	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	-18,132.	-30,767.	
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		766,258.	960,367.	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		0	C	
	14		its paid to or for members (Part IX, column (A), line 4)	I .	0	C	
(A)	4 -		es, other compensation, employee benefits (Part IX, column (A), lines 5-10),		440,979.	492,302.	
Expenses	16a		sional fundraising fees (Part IX, column (A), line 11e)		0	(	
ğ.	ь		fundraising expenses (Part IX, column (D), line 25) ▶ 39, 387				
ພິ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		252,281.	297,563.	
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		693,260.	789,865.	
	19		ue less expenses. Subtract line 18 from line 12	- (	72,998.	170,502.	
5 8					Beginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)	<u>L</u>	637,530.	813,531.	
A B	21	Total I	liabilities (Part X, line 26)	, <u>L</u>	54,868.	60,367.	
ž.	22	Net as	sets or fund balances. Subtract line 21 from line 20		582,662.	753,164.	
Pε	ırt II	Sig	gnature Block				
Un	der pe	nalties c	of parjury, I declare that I have examined this return, including accompanying schedu complete. Declaration of preggrer (other than officer) is based on all information of white	iles and stateme	nts, and to the best of my land knowledge.	knowledge and belief, it is	
(i Ui	3, 60116	SCI, MITU	Valla I I I I I I I I I I I I I I I I I I		100/11/1	<i>i</i>	
٠:-			MILLA MILLA MARCINA		<u> </u>	4	
Sig			Signature of efficier		Date	l	
He	re:		KELLY WENCH		·		
		1	Type or print name and title	Unue		PTIN	
Pale	4	Print/	Type preparer's name Preparer's signature	Date	CHeck [-5] II		
	a parer	LJ	ason F. Anderson / Jan & Heren	5/14/		P00409286	
	Parer Only		name PICKETT, CHANEY & MCMULLEN LLP		013	L246310	
		Firm's	address ▶9401 W. 87TH STREET, SUITE 200 OVERLAND PARK, KS 66212-	3755	Phone no. 913	-438-5077	
			cuss this return with the preparer shown above? (see instructions)	C++++++		. X Yes No	
For	Pape	rwork	Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2013	

Form 990 (2013) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ITS MISSION IS TO EMPOWER HOMELESS MOTHERS AND THEIR CHILDREN TO HEAL FROM THEIR TRAUMA AND HELP THEM BECOME SELF SUFFICIENT. 2 Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program .....l If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: ) (Expenses \$ 657,089. including grants of \$ ) (Revenue \$ OWNERSHIP AND OPERATION OF A TREATMENT AND TRANSITIONAL HOUSING PROGRAM IN THE INNER CITY OF KANSAS CITY, MISSOURI. ALL OF THE WOMEN IMPROVED THEIR MENTAL HEALTH, 86% WENT TO STABLE HOUSING AND 63% INCREASED THEIR EDUCATION OR EMPLOYMENT. THE GOALS OF THE PROGRAM ARE IMPROVED MENTAL & PHYSICAL HEALTH, INCREASED EDUCATION AND EMPLOYMENT SKILLS, OBTAINING AND RETAINING PERMANENT HOUSING. DURING 2013, AFTERCARE SERVICES - CASE MANAGEMENT AND THERAPY -WERE PROVIDED TO 27 FAMILIES WHO HAD GRADUATED FROM THE RESIDENTIAL PROGRAM. ALL THE AFTERCARE FAMILIES MAINTAINED HOUSING, 96% REMAINED ABSTINENT FROM DRUGS & ALCOHOL AND 92% INCREASED EDUCATION/EMPLOYMENT. ) (Revenue \$ **4b** (Code: ) (Expenses \$ including grants of \$ ) (Expenses \$ ) (Revenue \$ **4c** (Code: including grants of \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ **4e** Total program service expenses ▶ 657,089.

JSA 3E1020 2.000

Form 990 (2013)

Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Х
9	complete Schedule D, Part III	0		Λ
9	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 temporarily restricted			
. •	endowments, permanent endowments, or 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			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		71	
1 Z a	complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 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			37
4	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	47		Х
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	21	
. 3	If "Yes," complete Schedule G, Part III	19		Х
20 a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	- · · · · · · · · · · · · · · · · · · ·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		Х
	employees? If "Yes," complete Schedule J	23		
24 a	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		X
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 L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	· ·	27		Х
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00.		37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
٠.	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jou		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26		330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		v
	related organization? 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			
	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? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	X	

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Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Estantha asserbas assertadia Day 2 of Essa 4000 Estan 0 if ast applicable		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			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 20			
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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	r -		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Λ
	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	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/ 11		
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	u		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> 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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part VI

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ə.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	•	• •	- 1
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of interest of the conflict of the conflic	erest	policy	, and
	financial statements available to the public during the tax year.		,	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	Organization: ▶ KELLY WELCH 6604 E. 12TH STREET KANSAS CITY, MO 64126 (816)483-9927			

Form 990 (2013) SHEFFIELD PLACE 43-1532267 Page **7** 

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	not ch unles	s pe	ition more	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee		Former Highest compensated employee Key employee Officer Institutional trustee		Former Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)ALLISON BERGMAN PAST PRESIDENT	1.50	X						C	0	0
_(2)JULIE_LATTIMERDIRECTOR	1.50	X						C	0	0
_(3)DIONNE_KING DIRECTOR	1.50	X						C	0	0
_(4)JEFF JOHNSON PRESIDENT	1.50	X		Х				C	0	0
(5)MAGGIE ANDERSON DIRECTOR	1.50	X						C	0	0
(6)CORY MISER TREASURER	1.50	X		Х				C	0	0
(7)NATE VANDER HAMM DIRECTOR	1.50	Х		Х				C	0	0
(8)JAMES CLARK DIRECTOR	1.50	Х						C	0	0
(9)TENA SHONK DIRECTOR	1.50	X						C	0	0
(10)JENNIFER HART DIRECTOR	1.50	X						C	0	0
(11)TIFFANY MCFARLAND DIRECTOR	1.50	X						C	0	0
(12)STEVEN D. ORNDUFF DIRECTOR	1.50	Х						C	0	0
(13)ANGIE READ DIRECTOR	1.50	Х						C	0	0
(14)KANA ROLLER DIRECTOR	1.50	X						C	0	0

Form **990** (2013)

JSA.

Part VII Section A. Officers, Directors, Tru	· ·	y ⊑n	ipioy		, and i	Hig	· ·	1	ees (co		<i>'</i>
(A) Name and title	(B) Average hours per week (list any	box,	not che unless	pers	ore than o	an	(D) Reportable compensation from	(E) Reportable compensatio related	n from	Esti amo of	( <b>F)</b> mated ount of ther
	hours for related organizations below dotted line)	of Individual trustee or director		a Officer	Highest compensated components of Key amployee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-I		fror orgar and	ensation in the inization related izations
15) GINA THORNTON DIRECTOR	1.50	Х					C		0		(
16) COURTNEY WACHAL DIRECTOR	1.50	Х					C	)	0		(
17) DENISE WHEELER DIRECTOR	1.50	Х					C	)	0		(
18) KELLY WELCH EXECUTIVE DIRECTOR	45.00			х			76,023.		0		7,657
1b Sub-total c Total from continuation sheets to Part VII, S	ection A					<b>&gt;</b>	76,023.		0		7,657.
d Total (add lines 1b and 1c)	limited to t					o re	76,023. eceived more than	\$100,000 o	0 <b>f</b>		7,657.
reportable compensation from the organization	n <b>▶</b>	(	)							,	Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual.	eater than	\$15	0,00	0?	If "Yes					4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	n fro	om any					5	X
Complete this table for your five highest com- compensation from the organization. Report of year.											
(A)							(B)			(C)	

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Form 990 (2013) SHEFFIELD PLACE 43-1532267 Page **9** 

#### Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business excluded from tax exempt revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b Membership dues С Fundraising events 94,125 1d 1e 361,340 Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above . 1f 526,044 g Noncash contributions included in lines 1a-1f: \$ \_ Total. Add lines 1a-1f 981,509 Program Service Revenue **Business Code** 624100 5,213 OCCUPANCY CHARGES 5,213 OCCUPANCY CHARGES - PERMANENT HOUSING 624100 3,475 3,475 h С All other program service revenue 8,688 Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds . . . > 0 4 5 (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses Rental income or (loss) . . d Net rental income or (loss) (ii) Other (i) Securities Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue Gross income from fundraising ATCH 1 events (not including \$ \_\_\_\_\_94,125. of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . a 6,392 c Net income or (loss) from fundraising events .ATCH .2 .▶ -30,767 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, returns and allowances b Less: cost of goods sold
b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 960,367 8,688

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#### Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21	0							
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22	0							
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,								
	trustees, and key employees	84,400.	52,604.	27,588.	4,208.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	334,882.	283,537.	28,541.	22,804.				
8	Pension plan accruals and contributions (include section								
	401(k) and 403(b) employer contributions)	2,025.	1,310.	443.	272.				
9	Other employee benefits	38,153.	31,537.	4,302.	2,314.				
10	Payroll taxes	32,842.	26,521.	4,180.	2,141.				
11	Fees for services (non-employees):								
	Management	0							
	Legal	15 200		15 200					
	Accounting	15,200.		15,200.					
	Lobbying	0							
	Professional fundraising services. See Part IV, line 17.	0							
	Investment management fees	U							
g	Other. (If line 11g amount exceeds 10% of line 25, column	3,353.	1,720.	595.	1 029				
	(A) amount, list line 11g expenses on Schedule O.)	3,333.	1,720.	595.	1,038.				
	Advertising and promotion	59,206.	50,502.	5,438.	3,266.				
13	Office expenses	13,768.	11,691.	999.	1,078.				
14	Information technology	13,700.	11,001.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,070.				
15	Royalties	73,506.	72,693.	813.					
16	Occupancy	3,536.	3,099.	132.	305.				
17 18	Travel	3,330.	3,033.	132.					
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
10	Conferences, conventions, and meetings	9,165.	5,544.	2,974.	647.				
20	Interest	0	2,222	_,,,,,,					
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	55,955.	55,414.	541.					
23	Insurance	14,810.	12,555.	1,643.	612.				
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	CLIENT EXPENSES	49,064.	48,362.		702.				
b	, [								
c									
d									
е	All other expenses								
	Total functional expenses. Add lines 1 through 24e	789,865.	657,089.	93,389.	39,387.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational compaign and								
	from a combined educational campaign and fundraising solicitation. Check here ▶ if								
	following SOP 98-2 (ASC 958-720)	0							
JSA					Form <b>990</b> (2013)				

JSA 3E1052 1.000

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## Form 990 (2013) Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		
		Chook ii conocate e containe a response of	11010	to any mio mano ra	(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing			297,321.	1	473,041.
	2	Savings and temporary cash investments			0		0
	3	Pledges and grants receivable, net	0		0		
	4	Accounts receivable, net	109,669.	4	64,024.		
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified personal schedule.			0	5	0
	6						
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu					
"		organizations (see instructions). Complete Part II of Sche			0	6	0
Assets	7	Notes and loans receivable, net			0	7	0
Ass	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	10 a	Land, buildings, and equipment: cost or					
				1,412,886.			
	b	Less: accumulated depreciation			230,540.		276,466.
	11	Investments - publicly traded securities			0	11	0
	12	Investments - other securities. See Part IV, line 11			0	12	0
	13	Investments - program-related. See Part IV, line 11				13	0
	14	Intangible assets				14 15	0
	15	Other assets. See Part IV, line 11			637,530.		813,531.
_	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			53,773.	_	59,782.
	18	Grants payable				18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0		0
s		Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and for					
abil		trustees, key employees, highest compen					
Ï		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			0	23	0
	24	Unsecured notes and loans payable to unrelated	third p	arties	0	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		' '			
		of Schedule D			1,095.	25	585.
_	26	Total liabilities. Add lines 17 through 25			54,868.	26	60,367.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here ► X and			
and	27	Unrestricted net assets			443,717.	27	565,533.
Bal	28	Temporarily restricted net assets			138,945.	28	187,631.
Fund Balances	29	Permanently restricted net assets		<u></u>	0	29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here  and			
ţ	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equ	ıipmer	nt fund		31	
ţ	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Z	33	Total net assets or fund balances			582,662.	33	753,164.
_	34	Total liabilities and net assets/fund balances			637,530.	34	813,531.

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9	60,3	367.	
2							
3	170 50						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	82,6	562.	
5	Net unrealized gains (losses) on investments	5				0	
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		7	53,1	L64.	
Part							
	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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ın				
•	Schedule O.			_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npilea	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis			O.L.	Х		
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a				
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	•		2c	х		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the audit and the second of the seco			20	21		
	If the organization changed either its oversight process or selection process during the tax year, e	explair	ı ın				
•	Schedule O.						
за	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ın	3a		Х	
<b>L</b>	the Single Audit Act and OMB Circular A-133?	lorge	tho	Ja			
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		IIIE	3b			

#### **SCHEDULE A** (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.

OMB No. 1545-0047 **912** 

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ww.irs.gov/form990.	Open to Public Inspection
Employer identific	ation number

Nan	ne of t	he organization							Emplo	yer iden	tification number
SH	EFFI	ELD PLACE								43	-1532267
Pa	rt I	Reason for Pub	lic Charity Statu	<b>s</b> (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions	i.
The	orga	nization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)		
1	Щ			association of churches		ed in <b>s</b>	ection	170(b)(	1)(A)(i)		
2	Щ			(1)(A)(ii). (Attach Schedul							
3		•	•	ervice organization descri			-				
4				erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(k	o)(1)(A)(iii). Enter the
		hospital's name, cit									
5		An organization op section 170(b)(1)(A		nefit of a college or univ	ersity	owned	l or ope	erated b	by a go	vernme	ental unit described in
6				or governmental unit des	cribad	in cact	ion 170	(b)(1)(	A)( <sub>1/</sub> )		
7	X		_	-						it or fr	om the general nublic
'	Δ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8				on 170(b)(1)(A)(vi). (Com	nlete F	Part II \					
9	H	-		es: (1) more than 331/3%	-			contrib	outions	memb	ership fees, and gross
·		_	-	exempt functions - subj							•
		· ·		ome and unrelated busi			-				
				ne 30, 1975. See section				-			, , , , , , , , , , , , , , , , , , , ,
10		-		ted exclusively to test for			-		-	).	
11		An organization or	rganized and ope	rated exclusively for the	benet	fit of,	to perf	orm the	e funct	ions of	, or to carry out the
		purposes of one o	r more publicly su	ipported organizations de	escribe	d in s	ection 5	509(a)(	1) or se	ection 5	609(a)(2). See <b>section</b>
		509(a)(3). Check th	ne bo <u>x that describ</u>	es the type of supporting	organ	ization	and co	mplete	lines 1	1e thro	ugh 11h.
		a Type I	<b>b</b> Type II	c Type III-Function	nally in	tegrate	ed	d	Type II	I-Non-fu	unctionally integrated
e	•		-	e organization is not con			-	-	-		
			=	other than one or more p	publicl	y supp	orted o	rganiza	tions d	lescribe	ed in section 509(a)(1)
		or section 509(a)(2	•								
f		_		n determination from the	e IRS	that it	is a T	уре І, Т	ype II,	or Typ	e III supporting
		organization, check									
ç	J	<del>-</del>	006, has the orga	nization accepted any gift	or cor	ntributi	on from	n any of	the		
		following persons?	alian ather an in alian		4	. 41	:41			al : (::\	and Yes No
				tly controls, either alone		etner v	with per	rsons a	escribe	a in (ii)	and res No
				the supported organization scribed in (i) above?	JII!						11g(ii)
				son described in (i) or (ii) a	hove?						11g(iii)
h	,	• •	• •	out the supported organization							9(/
		ame of supported	(ii) EIN	(iii) Type of organization		ls the	(v) Did v	ou notify	(vi)	s the	(vii) Amount of monetary
		organization	(11) = 111	(described on lines 1-9	organiz	zation in listed in	the orga	anization	organiz	zation in	support
				above or IRC section (see instructions))	your go	overning ment?		of your oort?		rganized U.S.?	
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No	
(A)											
(B)											
(C)											
(D)											
(E)											
Tot	al										

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	542,250.	459,795.	704,958.	775,778.	987,484.	3,470,265.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0		
4	Total. Add lines 1 through 3	542,250.	459,795.	704,958.	775,778.	987,484.	3,470,265.		
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)						314,720.		
6	Public support. Subtract line 5 from line 4.						3,155,545.		
	tion B. Total Support	( ) 0000	420040	( ) 0044	(1) 0040	( ) 0040			
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total		
7 8	Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	542,250. 349.	459,795. 193.	704,958. 3,706.	775,778.	987,484.	3,470,265. 9,334.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on			5,		-,	0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0		
11	Total support. Add lines 7 through 10						3,479,599.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12	79,381.		
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>	<u> </u>							
Sec	tion C. Computation of Public Sup	port Percenta	ge						
14	Public support percentage for 2013 (li		•			14	90.69%		
15	Public support percentage from 2012					15	77.47%		
16a	331/3% support test - 2013. If the o								
	this box and <b>stop here.</b> The organization	•		•					
b	331/3% support test - 2012. If the co								
47-	check this box and <b>stop here.</b> The orga	•							
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization	_	•						
	Part IV how the organization meets t					•	•		
	organization			•	•	•			
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part IV how the organizati	2012. If the organization meets on meets the "	ganization did no s the "facts-and facts-and-circum	ot check a box l-circumstances' nstances" test.	on line 13, 16 " test, check tl The organizatio	a, 16b, or 17a, his box and <b>sto</b> on qualifies as a	and line  op here.  publicly		
18	supported organization  Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see			
	instructions						<u></u>		

Schedule A (Form 990 or 990-EZ) 2013

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

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

500	tion A. Public Support			7.1	•	,	
		(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2003	(6) 2010	(6) 2011	(d) 2012	(6) 2013	(i) rotai
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
,	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
ıa	Amounts included on lines 1, 2, and 3 received from disqualified 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						
_	or 1% of the amount on line 13 for the year  Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Ū	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
9	Amounts from line 6.						
	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						
С	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						
12	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	the eventioning	nla first seemed	thind formula on	fifth tox year	a a section FO1	(a)(2)
14	First five years. If the Form 990 is for	•			•		
500	organization, check this box and stop here . tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8,			mn (f))		15	%
16	Public support percentage from 2012 Sche					16	<u>%</u>
	tion D. Computation of Investmen					10	/0
	Investment income percentage for 2013 (lin			12 column (f))		17	%
17							
18	Investment income percentage from 2012 S					18   re than 331/3%	%
ıya	331/3% support tests - 2013. If the org						
b	17 is not more than 331/3%, check thi. 331/3% support tests - 2012. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331/3	3 %, and
	line 18 is not more than $331/3\%$ , check		•	•			
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	o, check this be	ox and see instr	uctions >

JSA 3E1221 1.000

Schedule A (Form 990 or 990-EZ) 2013 Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### **SCHEDULE D** (Form 990)

Department of the Treasury

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number CHEFFIELD PLACE 43-1532267

Pa	Organizations Maintaining Donor Advis Complete if the organization answered	sed Funds or Other Similar Funds 'Yes" to Form 990, Part IV, line 6.	or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
- 3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
<del>-</del> 5	Did the organization inform all donors and donor	advisors in writing that the assets hal	d in donor advised
J	funds are the organization's property, subject to the	<del>-</del>	
6	Did the organization inform all grantees, donors, a		
U			
	only for charitable purposes and not for the benef		
D	conferring impermissible private benefit?	the ergonization enguered "Vee" to	Form 000 Port IV line 7
Par			Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th		Control of the Market Control of the Alberta
	Preservation of land for public use (e.g., rec		on of an historically important land area
	Protection of natural habitat	Preservati	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (c	e) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, training	nsferred, released, extinguished, or ter	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to cons	ervation easement is located	
5	Does the organization have a written policy regard		
	violations, and enforcement of the conservation e	asements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation	easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation ease	ements during the year
	►\$		•
8	Does each conservation easement reported on lir	ne 2(d) above satisfy the requirements	of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	• •	1 7 7 7 1 1 1 1 1
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easeme	_	
Pai	Organizations Maintaining Collection	s of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered	d "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to report in	its revenue statement and balance sheet
	If the organization elected, as permitted under S works of art, historical treasures, or other similar	ar assets held for public exhibition,	education, or research in furtherance of
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under works of art, historical treasures, or other simil public service, provide the following amounts rela-	ar assets held for public exhibition,	
	(i) Revenues included in Form 990, Part VIII, line	1	<b> ▶</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
_	following amounts required to be reported under S		<b>.</b>
а	Revenues included in Form 990, Part VIII, line 1.		
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **2** 

Par	t III Organizations Maintaining Co	llections of	Art, His	torical T	reasur	es, (	or Oth	er Similar Ass	sets (conti	inued)
3	Using the organization's acquisition, accollection items (check all that apply):	ession, and c	other reco	rds, check	k any o	f the	follow	ing that are a si	ignificant us	se of its
а	Public exhibition		d	Loan	or excha	ange	prograr	ns		
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations			_						
4	Provide a description of the organization		and expl	ain how t	they fur	ther	the org	ganization's exem	npt purpose	in Part
_	XIII.				-					
5	During the year, did the organization solid								□ vaa	
Do	assets to be sold to raise funds rather tha									No No
Par	t IV Escrow and Custodial Arrange or reported an amount on Forn			ne organ	ization	ansv	werea	Yes to Form s	90, Part IV	/, line 9,
	Is the organization an agent, trustee, cust included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part X	(III and compl	ete the foll	owing tab	ole:					
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year				[	1e				
f	Ending balance				[	1f				
2a	Did the organization include an amount o	n Form 990, F	art X, line	21?					Yes	No
b	If "Yes," explain the arrangement in Part >									
	t V Endowment Funds. Complete									
	(a)	Current year	<b>(b)</b> Prid	or year	(c) Two	o year	s back	(d) Three years back	k (e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
_	Provide the estimated percentage of the	ourrent voor e	nd halana	lino 1a	aalumn	(0))	hold on			
2 a	Board designated or quasi-endowment		%	e (iirie 1g,	Column	(a)) I	neiu as	•		
b		~ ~								
	Temporarily restricted endowment	%								
·	The percentages in lines 2a, 2b, and 2c s		nn%							
32	Are there endowment funds not in the po	•		ation that	are held	d and	l admin	istered for the		
Ja	organization by:	330331011 01 11	ic organiza	ation that	are ner	a and	adiiiii	iistorea for the	V	aa Na
	(i) unrelated organizations									es No
									3a(i)	
L-	(ii) related organizations  If "Yes" to 3a(ii), are the related organizations								3a(ii)	
b	, ,,		•						. 3b	
4	Describe in Part XIII the intended uses of		on's endo	wment fur	nas.					
Par	Land, Buildings, and Equipmer Complete if the organization a	<b>it.</b> nswered "Ye	s" to Forn	n 990 P:	art I\/ I	ine 1	1a Se	e Form 990 P	art X line 1	10
	Description of property	(a) Cost or	other basis	(b) Cost of	or other ba	_	(c) Acc	umulated	(d) Book valu	
	Land	(invest	ment)	(0	ther) 8,10	10	aepr	eciation		Ω 100
_	Buildings							1 000		$\frac{8,109}{0.636}$
b	•			1 1	32,43			1,802.		0,636.
С.	Leasehold improvements	•			31,72			56,659.		5,065.
d	Equipment	•		2	240,61	5.	1	77,959.	6.	2,656.
	Other			<u> </u>	<b>(5)</b>		<i>,</i> , ,			
Tota	<ol> <li>Add lines 1a through 1e. (Column (d) m</li> </ol>	ust equal Forn	า 990. Part	x. column	า (B). lin	e 100	C).)	▶	2.7	6,466.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **3** 

Part VII	Investments - Other Securities.  Complete if the organization answered	l "Yes" to 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) Financia	al derivatives		
	held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
<del>(F)</del>			
<u>(G)</u>			
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.)		
	Investments - Program Related.		
ı art vili		l "Yes" to 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)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.  Complete if the organization answered	I "Yes" to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
		Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u>
Part X	Other Liabilities.  Complete if the organization answered line 25.	l "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	е
	al income taxes		
_(2) CLIE	NT ACCOUNTS		585.
(3)			
_(4)			
_(5)			
(6)			
(8)			
(9) Tatal (0atom	(h)		505
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		585.
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to th	e organization's financial statements that reports the

2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013 Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" to Form 990, Part IV			ո.	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	, 11110	124.	1	1,000,716.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	1,000,710.
		1 2-			
a		2a	2 100		
b	Donated services and use of facilities	2b	3,190.		
C	Recoveries of prior year grants  Other (Describe in Best XIII.)	2c	27 150		
d	Other (Describe in Part XIII.) Add lines 2a through 2d	2d	37,159.	2-	40,349.
е 3	Add lines 2a through 2d Subtract line 2e from line 1			2e 3	960,367.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i		3	900,307.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	A . I . I . P A I . A I			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	960,367.
Part				_	
	Complete if the organization answered "Yes" to Form 990, Part IV				
1	Total are associated leases not audited financial statements			1	830,214.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				· · · · · · · · · · · · · · · · · · ·
а	Donated services and use of facilities	2a	3,190.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	37,159.		
е	Add lines 2a through 2d			2e	40,349.
3	Subtract line 2e from line 1			3	789,865.
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 4h			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	) <u></u>		5	789,865.
Part 1					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				ne 4; Part X, line
		orovide	any additional inform	nation.	
SEE	PAGE 5				

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 SHEFFIELD PLACE 43-1532267 Page **5** 

Part XIII Supplemental Information (continued)

RECLASS OF SPECIAL EVENT EXPENSES

FORM 990, SCHEDULE D, PART XI, LINE 2D

SPECIAL EVENT EXPENSES ARE REFLECTED IN PART VIII, LINE 8B

RECLASS OF SPECIAL EVENT EXPENSES

FORM 990, SCHEDULE D, PART XII, LINE 2D

SPECIAL EVENT EXPENSES ARE REFLECTED IN PART VIII, LINE 8B

FIN 48 FOOTNOTE

PART X, LINE 2

THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB")

CODIFICATION TOPIC INCOME TAXES. INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND REQUIRES THE FOUNDATION TO RECOGNIZE IN THEIR FINANCIAL STATEMENTS THE IMPACT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UNDER AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT HAS ASSESSED THE TAX POSITIONS OF THE ORGANIZATION AND DETERMINED THAT NO POSITIONS EXIST THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010.

Schedule D (Form 990) 2013

#### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number SHEFFIELD PLACE 43-1532267 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,0	00.			
			(a) Event #1 OFF-THE-WALL	(b) Event #2 GOLF TOURNAMEN	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	75,917.	40,390.	0	116,307.
œ		Less: Contributions Gross income (line 1 minus	30,160.	4,680.		34,840.
		line 2)	45,757.	35,710.	0	81,467.
	4	Cash prizes				
	5	Noncash prizes		3,771.		3,771.
Direct Expenses	6	Rent/facility costs	798.	7,860.		8,658.
	7	Food and beverages	4,086.	163.		4,249.
Dire	8	Entertainment				
	9	Other direct expenses	3,089.	810.		3,899.
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	4 through 9 in column (d) 10 from line 3, column (d	)		20,577. 60,890.
	rt I		anization answered "Y			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
_	5	Other direct expenses				
		Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
	Is	nter the state(s) in which the organizate the organization licensed to operate of "No," explain:				. Yes No
		ere any of the organization's gaming "Yes," explain:	licenses revoked, suspe	nded or terminated durin	g the tax year?	. Yes No

Sched	ule G (Form 990 or 990-EZ) 2013
11	Does the organization operate gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	
~	amount of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party:
•	The state of the s
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Coming manager companyation N (
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2013

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Inspection **Employer identification number** 

SHEFFIELD PLACE

43-1532267

Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	Х	37.	10,765.	DONOR VALUE
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
•	goods	x		23,688.	SALE OF COMP. PROP.
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	Х	1.	40,547.	APPRAISAL
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 ►(_ATCH_1)		28.	4,680.	
26	Other ►()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received	bv the orga	nization during the tax ve	ar for contributions for	
	which the organization completed I	-			29
	· ·	•	,		Yes No
30 a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1-28, that
	it must hold for at least three yea	rs from the	date of the initial contribu	ition, and which is not red	quired to be
	used for exempt purposes for the e	ntire holding	period?		30a X
b	If "Yes," describe the arrangement i				
31	Does the organization have a	gift accept	ance policy that require	s the review of any r	ion-standard
	contributions?				31 X
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash
	contributions?				
b	If "Yes," describe in Part II.	_			
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a	) is checked,
	describe in Part II.				

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

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013) Page **2** 

**Supplemental Information.** Complete this part to 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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A)	CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GOLF TOURNAMENT PRIZES,	A	Х	28.	4,680.	DONOR VALUE
TOTALS		-	28.	4,680.	

#### SCHEDULE O

(Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

2013
Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization
SHEFFIELD PLACE

Employer identification number 43-1532267

CONFLICT OF INTEREST POLICY COMPLIANCE

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

EVERY YEAR THE BOARD OF DIRECTORS AND STAFF ARE ASKED TO PROVIDE IN

WRITING ANY ISSUES REGARDING POTENTIAL CONFLICTS OF INTEREST.

COMPENSATION DETERMINATION POLICY

FORM 990, PART VI, SECTION B, LINE 15

THE BOARD OF DIRECTORS EMPLOY THE EXECUTIVE DIRECTOR TO WHOM IT DELEGATES

RESPONSIBILITY FOR THE DAY-TO-DAY MAMAGEMENT OF THE ORGANIZATION. THE

EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT ARE GIVEN ANNUAL PERFORMANCE

REVIEWS. COMPENSATION AND BENEFITS ARE AT A LEVEL THAT IS COMPETITIVE

WITH SIMILAR ORGANIZATIONS WITHIN THE COMMUNITY AND CONSISTENT WITH THE

ORGANIZATION'S OVERALL FINANCIAL ABILITY AND OBJECTIVE.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11

PRIOR TO SUBMISSION, IRS FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS

VIA WRITTEN OR ELECTRONIC FORMAT.

PUBLIC REVIEW OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION BY REQUEST.

THE ORGANIZATION'S MANAGER KEEPS A LOG OF REQUESTS AND RESPONSES.

Schedule O (Form 990 or 990-EZ) 2013

Name of the organization

SHEFFIELD PLACE

43-1532267

ATTACHMENT 1

#### FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
OFF-THE-WALL	61,200.
GOLF TOURNAMNET	32,925.
TOTAL	94,125.

ATTACHMENT 2

#### FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
OFF-THE-WALL	3,607.	19,874.	-16,267.
GOLF TOURNAMNET	2,785.	17,285.	-14,500.
TOTALS	6,392.	37,159.	-30,767.