

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2014

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BLUE SAGE CENTER FOR THE ARTS		D Employer identification number 84-1335434
	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
	P.O. BOX 700		(970) 527-7243
	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ▶
	PAONIA, CO 81428		
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ▶ WWW.BLUESAGE.ORG			
J Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$ 187,868.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	69,688.
	2 Program service revenue including government fees and contracts	2	72,910.
	3 Membership dues and assessments	3	6,845.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 26,156. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	38,260.	
c Less: direct expenses from gaming and fundraising events	6c	30,283.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,977.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O) SEE SCHEDULE O	8	165.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	157,585.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	25.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	56,563.
	13 Professional fees and other payments to independent contractors	13	47,297.
	14 Occupancy, rent, utilities, and maintenance SEE SCHEDULE O	14	26,644.
	15 Printing, publications, postage, and shipping	15	2,316.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	38,179.
	17 Total expenses. Add lines 10 through 16	17	171,024.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<13,439.>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	288,548.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	275,109.

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2014)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
Cash, savings, and investments	16,778.22	4,205.
23 Land and buildings	256,189.23	247,917.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	35,378.24	39,532.
25 Total assets	308,345.25	291,654.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	19,797.26	16,545.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	288,548.27	275,109.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	88,430.
29 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,663.
30 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	12,674.
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	102,767.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JAMES SCHOTT PRESIDENT	10.00	0.	0.	0.
DON GRANT VICE PRESIDENT	10.00	0.	0.	0.
JUDY MARTIN TREASURER	10.00	0.	0.	0.
CAROL SCHOTT BOARD MEMBER	2.50	0.	0.	0.
ANNETTE PRETORIUS EXECUTIVE DIRECTOR	40.00	24,960.	0.	0.
ANNETTE CHOSZCZYK BOARD MEMBER	2.50	0.	0.	0.
CELIA ROBERTS BOARD MEMBER	2.50	0.	0.	0.
GREG THOMPSON BOARD MEMBER	2.50	0.	0.	0.
CORRIE STROUD BOARD MEMBER	2.50	0.	0.	0.
JUDY LIVINGSTON BOARD MEMBER	2.50	0.	0.	0.
SUNSHINE KNIGHT ASSISTANT DIRECTOR	40.00	24,960.	0.	0.
GLENN DAHLGREN BOARD MEMBER	2.50	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

Form 990-EZ (2014) questions 33-45b regarding organizational activities, financials, and tax compliance. Includes questions about significant activity, document changes, unrelated business income, political expenditures, borrowing, and tax shelter transactions.

Table with columns 'Yes' and 'No' for questions 33 through 45b. Contains 'X' marks in the 'No' column for questions 33, 34, 35a, 35b, 35c, 36, 37b, 38a, 38b, 39a, 39b, 40b, 40c, 40d, 40e, 41, 42b, 42c, 43, 44a, 44b, 44c, 44d, 45a, and 45b.

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
49b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 **▶** _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A **▶** **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and 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 _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
RICHARD A. HOTING				P00378352
Firm's name ▶ RICHARD A. HOTING, A PROFESSIONAL CORP.		Firm's EIN ▶ 20-2109750		
Firm's address ▶ 1 WORLD TRADE CENTER #400 LONG BEACH, CA 90831		Phone no. (562) 436-4200		

May the IRS discuss this return with the preparer shown above? See instructions **▶** **Yes** **No**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **BLUE SAGE CENTER FOR THE ARTS** Employer identification number **84-1335434**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,850.	25,737.	43,207.	66,802.	69,688.	224,284.
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	25,585.	44,775.	42,776.	53,596.	72,910.	239,642.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	44,435.	70,512.	85,983.	120,398.	142,598.	463,926.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						463,926.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	44,435.	70,512.	85,983.	120,398.	142,598.	463,926.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,893.	4,549.	7,173.	4,206.	165.	24,986.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,893.	4,549.	7,173.	4,206.	165.	24,986.
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.)	53,328.	75,061.	93,156.	124,604.	142,763.	488,912.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	94.89 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	92.07 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	5.11 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	7.93 %

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part II 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		REGATTA	GRAND VIN	2	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	32,170.	14,021.	18,225.	64,416.
	2	Less: Contributions	6,667.	1,839.	17,650.	26,156.
	3	Gross income (line 1 minus line 2)	25,503.	12,182.	575.	38,260.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	19,341.	8,665.	2,277.	30,283.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				30,283.
	11	Net income summary. Subtract line 10 from line 3, column (d)				7,977.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

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.

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

Name of the organization

BLUE SAGE CENTER FOR THE ARTS

Employer identification number

84-1335434

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS INCOME	165.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	11,468.
OTHER EXPENSES	15,176.
TOTAL TO FORM 990-EZ, LINE 14	26,644.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DUES & SUBSCRIPTIONS	75.
TELEPHONE	1,002.
COMPUTER EXPENSES	2,425.
ADVERTISING	10,234.
SUPPLIES	1,681.
INSURANCE	2,552.
CREDIT CARD SERVICE CHARGES	1,833.
EVENT CONCESSION SUPPLIES	5,462.
EVENT DIRECT EXPENSES	10,307.
LICENSES & FEES	1,278.
INTEREST EXPENSE	613.
TRAVEL EXPENSE	349.
BANK CHARGES	158.
MISCELLANEOUS EXPENSES	210.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

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.

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

Name of the organization

BLUE SAGE CENTER FOR THE ARTS

Employer identification number

84-1335434

TOTAL TO FORM 990-EZ, LINE 16

38,179.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER RECEIVABLES	7,348.	8,518.
INVENTORY	675.	675.
OTHER DEPRECIABLE ASSETS	27,355.	30,339.
TOTAL TO FORM 990-EZ, LINE 24	35,378.	39,532.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	3,182.	6,603.
CURRENT LIABILITIES	16,615.	9,942.
TOTAL TO FORM 990-EZ, LINE 26	19,797.	16,545.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ENHANCE CULTURAL AWARENESS AND THE PERFORMING ARTS IN THE LOCAL NORTH FORK VALLEY AREA.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

STAGE MUSICAL, CULTURAL, AND EDUCATIONAL EVENTS - THE

ORGANIZATION HOLDS PROGRAMS FOR THE COMMUNITY AND SCHOOLS

IN DANCE, MUSIC, THEATRE, HISTORY, READING, AND POETRY.

IT ALSO HOLDS CLASSES IN DANCE, CHORUS, YOGA, IMPROVISATION, MARTIAL

ARTS, THEATER, CREATIVE WRITING, STRINGED INSTRUMENTS, AND VOICE.

DURING 2014, THIS INCLUDED THE FOLLOWING LIST OF EVENTS:

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

BLUE SAGE CENTER FOR THE ARTS
FEIN: 84-1335434
TAX YEAR: 2014

SCHEDULE O - LIST OF PROGRAM SERVICE ACCOMPLISHMENTS

	<u>APPROXIMATE ATTENDEES</u>
<u>CONCERTS</u>	
DUSTY 45'S	70
DAVID JAMES-STRAIN POP-UP CONCERT	40
BEETHOVEN'S ARCHDUKE TRIO	144
2014 SPIRIT OF STRINGS	144
P-TOWN MOTOWN GET-DOWN	50
PAONIA PLAYERS PRESENTS: R&BS GREATEST HITS	300
BLUE SAGE HOUSE CONCERT: ORION FREEMAN	15
DAVID JACOBS-STRAIN & MICHELLE MCAFFEE	40
2014 MOUNTAIN HARVEST FESTIVAL LIVE MUSIC	250
<u>OTHER EVENTS:</u>	
VALLEY VOICES: NFV BROADBAND & ENERGY EFFICIENCY	40
THIS IS WHERE WE LIVE GALLERY EXHIBIT	60
BELLE EPOQUE	144
VALLEY VOICES: THE BENEFIT OF DISCIPLINE	4
THIS IS WHERE WE LIVE STORYTELLING & OPENING RECEPTION	40
FIGURES & FLIGHTS	50
FAT TUESDAY: A BENEFIT FOR BETA SIGMA PHI'S TOOLS FOR SCHOOLS	100
MARCH VALLEY VOICES	40
4TH ANNUAL DONOR DINNER	44
PAONIA FARM AND HOME GARDENING TALKS	30
MIDDLE SCHOOL DANCE	20
NORTH FORK VALLEY STORYTELLING	50
NORTH FORK VALLEY OVERTURE	18
PRETTY IN PINK GALLERY EXHIBIT	30
APRIL VALLEY VOICES	25
WORD FEST	10
CARNIVAL ON THE BAYOU	40
WRITE ON! AUTHORS READ	75
MAY VALLEY VOICES	10
DENVER OVERTURE GALLERY EXHIBIT	20
YOUNG ANCIENTS & STROLLING SCONES	100
OPERA COLORADO'S ROMEO & JULIET	144
ARTIST MEET & GREET	10
NORTH FOLK VALLEY STORYTELLING: OBSESSION	50
ART & NATURE INSTALLATION EXHIBIT	9
HOTCHKISS FINE ARTS ASSOCIATION MEMBER'S SHOW	20
ROCKY MOUNTAIN REGATTA	90
VOLUNTEER APPRECIATION PARTY	60
NORTH FOLK VALLEY STORYTELLING: KARMA	30
GEORGE GERSHWIN, AN AMERICAN LEGEND	144
2014 PAINT PAONIA	16
2014 HARVEST OF VOICES	180
2014 CHILI COOK OFF	300
THAI DINNER	20
VALLEY VOICES - SMALL ACREAGE MANAGEMENT	7
SCHUBERT'S TROUT QUINTET	144
2014 HALLOWEEN PARTY	245
VALLEY VOICES - LIFE OF TRASH	40
2014 GRAND VIN	63
2014 WRITING WORKSHOPS	15
2014 DONOR APPRECIATION	60
VALLEY VOICES - WILDERNESS	7
4TH ANNUAL GINGERBREAD FESTIVAL	100
THE 12 MONTHS KIDS' THEATRE PERFORMANCE	275
NEW YEAR'S EVE DANCE PARTY	100

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

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.

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

Name of the organization

BLUE SAGE CENTER FOR THE ARTS

Employer identification number
84-1335434

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

PROMOTE EFFORTS OF LOCAL ARTISTS - THE ORGANIZATION

OPERATES AND MANAGES A CONSIGNMENT ART GALLERY THAT

FEATURES THE ARTWORK AND PAINTINGS CREATED BY ARTISTS

RESIDING IN THE SURROUNDING COMMUNITY.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

MAKE FACILITIES AVAILABLE FOR COMMUNITY EVENTS - SPACE IS

RENTED TO OTHER ORGANIZATIONS FOR REHEARSALS, DANCES,

PERFORMANCES, WEDDINGS, AND FUNERALS. THE ORGANIZATION

MAKES THE USE OF ITS FACILITIES AVAILABLE TO OTHER ORGANIZATIONS TO

ASSIST WITH THEIR FUNDRAISING EFFORTS. DURING 2014 THESE FACILITY

RENTALS INCLUDED THE FOLLOWING:

CLASSES	PERSONS	INCOME
SUCCESSFUL AGING YOGA	5/WK (10 WKS)	165
ZUMBA EVENING	8/WK (3 WKS)	39
BELLA FARM	10/WK (1 WK)	30
FELTING	5/WK (1 WK)	15
NIA DANCE 1	3/WK (10 WKS)	130
SUSTAINABILITY	20/WK (1 WK)	45
TAI QI - QI GONG	8/WK (52 WKS)	911
ZUMBA AM	5/WK (52 WKS)	715
BELLY DANCE	4/WK (12 WKS)	156
YOGA	1/WK (2 WKS)	26
NIA DANCE 2	5/WK (18 WKS)	234

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

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.

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

Name of the organization

BLUE SAGE CENTER FOR THE ARTS

Employer identification number

84-1335434

YOGA	8/WK (52 WKS)	976
AEROBICS	5/WK (35 WKS)	897
SOLAR WORKSHOP	20/WK (1 WK)	270
SWING DANCE	6/WK (13 WKS)	169
CELEBRATE THE BEAT	30/WK (1 WKS)	260
SOLAR WORKSHOP	15/WK (1 WK)	30
PHOTO SHOOT	2/WK (1 WK)	26
ESSENTIAL OILS	1/WK (1 WK)	23
TOTAL CLASSES	161 PERSONS	5,117

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Depreciation and Amortization
 (Including Information on Listed Property) 990-EZ

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

BLUE SAGE CENTER FOR THE ARTS FORM 990-EZ PAGE 1 84-1335434

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	10,898.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		3,882.	5 YRS.	MQ	SL	358.
c 7-year property		2,298.	7 YRS.	MQ	SL	212.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	11,468.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2014 tax year: 43 Amortization of costs that began before your 2014 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
3	CURTIS BUILDING	010105SL		39.00	17	225,000.			225,000.	51,689.		5,769.
4	PAINTING & ELEVATOR GATE	070112SL		7.00	17	3,336.			3,336.	715.		477.
5	BANK BUILDING	090107SL		39.00	17	80,000.			80,000.	13,055.		2,051.
6	BATHROOM & HVAC	070112SL		39.00	17	13,849.			13,849.	533.		355.
20	KEYS & LOCKS	070114SL		7.00	19C	409.			409.			29.
	* 990-EZ PG 1 TOTAL BUILDINGS					322,594.		0.	322,594.	65,992.	0.	8,681.
	FURNITURE & FIXTURES											
1	FURNITURE - CHAIRS	070112SL		7.00	17	3,136.			3,136.	672.		448.
2	SCHIMMEL PIANO	070111SL		20.00	17	24,500.			24,500.	3,063.		1,225.
7	SHELVES	090113SL		7.00	17	500.			500.	24.		71.
8	CHRISTMAS TOWN DISPLAY	110113SL		7.00	17	1,000.			1,000.	24.		143.
9	WASHING MACHINE	040113SL		5.00	17	719.			719.	24.		144.
10	SOUND SYSTEM	090113SL		7.00	17	1,010.			1,010.	48.		144.
11	MONITOR/REGISTER	110113SL		5.00	17	356.			356.	12.		71.
12	OFFICE CHAIRS	070114SL		7.00	19C	257.			257.			18.
13	OFFICE CARD RACKS	070114SL		7.00	19C	176.			176.			13.
14	COUNTER/BAR	040114SL		7.00	19C	1,173.			1,173.			112.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
15	OFFICE BARRIERS	010114SL	7.00	19C	283.				283.			40.
16	COMPUTER	010114SL	5.00	19B	820.				820.			164.
17	PROJECTOR	100114SL	5.00	19B	2,748.				2,748.			137.
18	LIGHT CAGES	010114SL	5.00	19B	133.				133.			27.
19	VACUUM CLEANER	030114SL	5.00	19B	181.				181.			30.
	* 990-EZ PG 1 TOTAL FURNITURE & FIXTUR				36,992.			0.	36,992.	3,867.	0.	2,787.
	* GRAND TOTAL 990-EZ PG 1 DEPR				359,586.			0.	359,586.	69,859.	0.	11,468.