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MANUEL NOV 1 5 2010

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service 07/01/09 06/30/10 For the 2009 calendar year, or tax year beginning , and ending Check if applicable Please Name of organization Employer identification number use IRS Address change label or THE SAGE SCHOOL, INC 27-0273042 Name change print or Number and street (or P O box, if mail is not delivered to street address) Initial return tvpe Room/suite Telephone number See P.O. BOX 30 208-788-9595 Termination Specific City or town, state or country, and ZIP + 4 Amended return Group Exemption Instruc-HAILEY ID 83333-0030 Application pending tions. Number Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Accounting method Cash Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) THESAGESCHOOL.ORG if the organization is not Check > required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **X** 501(c) (**3**) **◀** (insert no) 4947(a)(1) or 527 Tax-exempt status (check only one) -If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I. 83,910 1 Contributions, gifts, grants, and similar amounts received 1 145,467 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) c 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line 1) 6a 6b b Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c С 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold 7Ь Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe 8) 229,416 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 RECEIVED Grants and similar amounts paid (attach schedule) 10 10 11 Benefits paid to or for members 11 RS-OS 12 Salaries, other compensation, and employee benefits 12 95,656 OCT 26 2010 13 5,203 Professional fees and other payments to independent contractors 13 33,329 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 $22,79\overline{3}$ 16 16 17 Total expenses. Add lines 10 through 16 156,981 17 72,435 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 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) 4,208 19 SEE STATEMENT 2 1,962 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year Combine lines 18 through 20 78,605 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 4,208 72,681 22 Cash, savings, and investments 22 23 Land and buildings 23 SEE STATEMENT 3 24 Other assets (describe 5,924 24 4,208 78, 605 25 Total assets 25 0 26 Total liabilities (describe 26 78,605 4,208 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27

Form 990-EZ (2009) THE SA	GE SCHOOL,	INC.		2	7-0273042				Page 2
Part III Statement of Pro	ogram Service A	Accomplishme	ents (Se	ee the instruct	ions for Part I	II.)		Ex	penses
What is the organization's primary exe	mpt purpose?			·	-] (R	equired	for section
SEE STATEMENT 4							50)1(c)(3) a	and 501(c)(4)
Describe what was achieved in carrying	g out the organization	n's exempt purpos	ses In a cle	ear and concise			or	ganızatıd	ons and section
manner, describe the services provide	d, the number of per	sons benefited, or	other relev	ant information fo	r		49	147(a)(1)	trusts, optional
each program title		<u> </u>					for	r others)
28 SCHOOL								i	
(Grants \$) If this amount	ncludes foreign gr	rants, checl	k here			28a	<u> </u>	<u>117,651</u>
29									
								1	
						$\overline{}$		1	
(Grants \$) If this amount	ncludes foreign gr	rants, checl	k here		[_	29a		
30								1	
								1	
					_			}	
(Grants \$		ncludes foreign gr	rants, checi	k here			30a		
31 Other program services (attach sc	•							ĺ	
(Grants \$		ncludes foreign gr	rants, cneci	c nere		┸	31a	 	117 CE1
32 Total program service expenses		-				<u> </u>	32		117,651
Part IV List of Officers, Dire	ctors, Trustees, and	Key Employees		(b) Title and average	(c) Compensation) Contrib		(e) Expense
(a)	Name and address		-	hours per week	(If not paid,	emp	loyee bene	efit plans &	account and
WARDA AGUAT III				devoted to position	enter -0-)	dete	erred comp	pensation	other allowances
KAREN OSWALT		CHUM		SECR/TREAS					
P.O. BOX 905	ID	83340		20.00		9		0	<u>0</u>
CHRIS MCAVOY		LEY		BOARD CHAIR		ا			
810 DEERFIELD DRIVE	ID	83333		15.00 VICE CHAIR		<u> </u>		- 0	0
JENNI CONRAD		LEY				ړ			
P.O. BOX 3432 KIRSTEN RITZAU	ID	83333 CHUM		10.00 SECRETARY	<u> </u>	9		0	0
	ID		ŀ	8.00		0		ا	•
P.O. BOX 180 KATHLEEN KREKOW		83340 LEY	-	DIRECTOR	-	4		0	0
P.O. BOX 1012	ID	83333		10.00		اه		o	0
SCOTT FULLER		CHUM		DIRECTOR		╫		" 	0
P.O. BOX 2207	ID	83340		6.00		اه		o	0
LISA FISHER	BOI			DIRECTOR		1			<u> </u>
1501 NORTH 20TH STREET		83702		10.00		اه		٥	0
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	ILL A Other information (Note the statement requirements in the instructions to	i Fait v.)			
	•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			1	l
	description of each activity		33	<u> </u>	X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	f			
	the changes		34	ļ	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but n	ot reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				l
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section				
	6033(e) notice, reporting, and proxy tax requirements?		35a	ļ	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	<u> </u>	ļ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			l	
	during the year? If "Yes," complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	7a	_		
b	Did the organization file Form 1120-POL for this year?		37b	ļ	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	ere			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	ļ	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	Bb	_		
39	Section 501(c)(7) organizations Enter:				
а	Initiation fees and capital contributions included on line 9	9a	_		
b	Gross receipts, included on line 9, for public use of club facilities	9b	_[
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶, section 4912 ▶, section 4955 ▶		Į.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess ber	efit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified				
	person in a prior year, and that the transaction has not been reported on any of the organization's prior				
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958				
ď	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization	·			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed ID				
42a	The organization's books are in care of ▶ BECKER, CHAMBERS & CO., P	Telephone no ▶ 20	8-78	8-9	595
	206 E. WALNUT AVE.				
	Located at ► HAILEY, ID	ZIP+4 ▶ 83	333		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authorities.	у			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?		42b		X
	If "Yes," enter the name of the foreign country.				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	(
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U S?		42c	LJ	X
	If "Yes," enter the name of the foreign country:				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	1 1			
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ		44		_X_
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	f			_
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		_X_
		1	Form 99	0-EZ	(2009)

Pag	е	4

Form **990-EZ** (2009)

	rt VI Section 501(c)(3) organizations and section 4947(a)			•			age 4			
	501(c)(3) organizations and section 4947(a)(1) none and complete the tables for lines 50 and 51.	exempt charitable	e trusts must a	nswer questior	าร 46-	49b				
46	Did the organization engage in direct or indirect political campaign activities on	hehalf of or in oppos	ution to			Yes	No			
40	candidates for public office? If "Yes," complete Schedule C, Part I									
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C Part II			46		X			
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?		hedule F		48	х				
49a	Did the organization make any transfers to an exempt non-chantable related or				49a		Х			
ь	If "Yes," was the related organization a section 527 organization?	9020.0			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	•		•						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expen ount ai allowa	nd			
NONE										
						·				
f	Total number of other employees paid over \$100,000	-		-						
	Complete this table for the organization's five highest compensated independer \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000.		Type of service		ompens					
NOI		(0)	Type of service	(6)	ompens	auon				
d 	Total number of other independent contractors each receiving over \$100,000	<u> </u>								
Sigr Here	Cignoture of officer	officer) is based on all in								
. 1616	EUSabeth TISher, Board Type or pnnt name and title	Chair			_ . _ _					
Paid	Preparer's signature AUAUP (MULINUUM)	Date 10/06	Check if self-employed	Preparer's Ident			e instr)			
Prep	parer's Firm's name (or yours BECKER, CHAMBERS & CO	<u> </u>	, — of suboled		2-04		743			
Use	Only if self-employed), address, and ZIP + 4 PO BOX 909 HAILEY, ID 83333-090		· · · · · · · · · · · · · · · · · · ·	Phone	-788					
May	the IRS discuss this return with the preparer shown above? See instructions	· · · · · · · · · · · · · · · · · · ·		<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Ye		No			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Vam	e of ti	ne organization		SAGE	SCH	OOL, INC.							•	ntification nu 3042	mber	
P	art I	Reas	on for Pu	ıblic Cha	rity S	Status (All organi	izations	must c	omplete	this p	art.) S	ee ins	struction	ons.		
The	orgai	nization is not	a private for	undation be	cause	it is (For lines 1 throu	gh 11, che	eck only o	ne box)					•		
1		A church, cor	nvention of	churches, o	r asso	ciation of churches de	scribed in	section 1	70(b)(1)(A)(i).						
2	X	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 res	search orga	nization ope	erated	in conjunction with a h	ospital de	scribed in	section	170(b)(1)(A)(iii).	Enter th	ne hospi	ital's name,		
		city, and state	е													
5		An organizati	on operated	for the ber	nefit of	a college or university	owned or	r operated	by a gov	ernment	al unit de	escribed	in I			
		section 170(b)(1)(A)(iv)	. (Complete	Part I	l.)										
6		A federal, sta	ite, or local	government	t or go	vernmental unit descri	bed in sec	ction 170(b)(1)(A)(v	/).						
7	П	An organizati	on that norr	nally receive	es a si	ubstantial part of its su	pport from	n a govern	mental ur	nit or fron	n the ge	neral pu	plic			
		described in s	section 170)(b)(1)(A)(v	i). (Co	mplete Part II.)										
8		A community	trust descri	bed in sect	ion 17	'0(b)(1)(A)(vi). (Compl	ete Part II)								
9		An organizati	on that norr	nally receive	es (1)	more than 33 1/3 % o	f its suppo	ort from co	ntribution	s, memb	ership f	ees, and	d gross			
		receipts from	activities re	lated to its	exemp	ot functions—subject to	certain e	xceptions	, and (2) r	no more	than 33	1/3 % o	fıts			
		support from	gross inves	tment incon	ne and	I unrelated business ta	xable inco	ome (less	section 5	11 tax) fr	om busi	nesses				
		acquired by the	he organiza	tion after Ju	ine 30	, 1975 See section 50	09(a)(2). (Complete	Part III)							
10		An organizati	on organize	d and opera	ated ex	clusively to test for pu	blic safety	y See sec	tion 509(a)(4).						
11		An organizati	on organize	d and opera	ated ex	clusively for the benef	fit of, to pe	erform the	functions	of, or to	carry ou	ut the				
		purposes of o	ne or more	publicly sup	pporte	d organizations describ	oed in sec	tion 509(a)(1) or se	ction 509	9(a)(2)	See sec	tion			
		509(a)(3). Ch	eck the box	that descri	bes th	e type of supporting or	ganızatıor	and com	plete line:	s 11e thr	ough 11	h				
		a Type	: l b	Туре	: II	c Type III-	-Functiona	ally integra	ated	d	Тур	e III–Ot	her			
е		By checking t	his box, I ce	ertify that the	e orga	nization is not controlle	ed directly	or indired	tly by one	or more	disqual	ıfied				
		persons other	r than found	lation mana	gers a	nd other than one or m	nore public	cly suppor	ted organ	ızatıons	describe	ed in sec	ction			
		509(a)(1) or s	section 509(a)(2)												
f		If the organiza	ation receive	ed a written	deterr	mination from the IRS t	that it is a	Type I, Ty	pe II, or 1	Type III s	upportir	g				
		organization,	check this b	oox												
g		Since August	17, 2006, 1	as the orga	anızatıc	on accepted any gift or	contributi	on from a	ny of the							
		following per	sons?													,
		(i) A persor	n who direct	ly or indirec	tly con	itrols, either alone or to	ogether wi	th person	s describe	ed in (ii)					Yes	No
		and (III) b	pelow, the g	overning bo	ody of	the supported organiza	ation?							11g(i		
		(ii) A famıly	member of	a person de	escribe	ed in (i) above?								11g(i	1	
		(iii) A 35% c	ontrolled en	tity of a per	son de	escribed in (i) or (ii) abo	ove?							11g(i	i)	
h		Provide the f	ollowing info	ormation ab	out the	supported organization	on(s)									
(ı)		of supported		(II) EIN		(iii) Type of organiz		1	organization		ou notify		ls the		nount of	i
	org	anızatıon				(described on lines above or IRC sec			sted in your document?	ole olgai ∞l (i)	nzation in of your	organızat (i) organı	zed in the	su	port	
						(see instruction		<u> </u>			oort?	-	S ?			
		· · · · · · · · · · · · · · · · · · ·						Yes	No	Yes	No	Yes	No			
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Schedule A (Form 990 or 990-EZ) 2009 THE SAGE SCHOOL, INC. 27-0273042 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part It (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2009 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3 % support test—2009. 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 33 1/3 % support test—2008. 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 17a 10%-facts-and-circumstances test-2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. 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 IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

18

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

	 (Complete only if you ch 	ecked the box	on line 9 of Pa	rt I.)			
	tion A. Public Support		_				
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services 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 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						
7a	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 Add lines 7a and 7b						
с 8	Public support (Subtract line 7c from						
٠	line 6.)						
Sec	tion B. Total Support	*·····································	·····			h	
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 (Explain in Part IV)						<u>^</u>
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	<u></u>			-		
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourth	, or fifth tax year a	s a section 501(c)(3)	
Sec	tion C. Computation of Public Su		ne .				P
15	Public support percentage for 2009 (line 8,			n)		15	
16	Public support percentage from 2008 Scher		•	•///		16	
	tion D. Computation of Investmer					. 1 . 2 . 1	
17	Investment income percentage for 2009 (lin	_		olumn (f))		17	%
18	Investment income percentage from 2008 S	Schedule A, Part III,	line 17			18	%
19a	33 1/3 % support tests—2009. If the organ						
	17 is not more than 33 1/3 %, check this bo						▶ 🗌
b	33 1/3 % support tests—2008. If the organ						
20	fine 18 is not more than 33 1/3 %, check this Private foundation . If the organization did				-		

Schedule A (Form 990 or 990-EZ) 2009 THE SAGE SCHOOL, INC.

27-0273042

Page 4

rm 990 or 990-EZ) 2009 **THE SAGE SCHOOL, INC.** 27-0273042 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULÈ E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number THE SAGE SCHOOL, INC 27-0273042 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? X Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, X programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please X describe If "No," please explain If you need more space, use Schedule O (Form 990) 3 Does the organization maintain the following? X Records indicating the racial composition of the student body, faculty, and administrative staff? 4a b Records documenting that scholarships and other financial assistance are awarded on a racially X nondiscriminatory basis? 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing X with student admissions, programs, and scholarships? 4c X Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to Students' rights or privileges? X 5a X 5b Admissions policies? Employment of faculty or administrative staff? X 5c Scholarships or other financial assistance? X 5d Educational policies? X 5e X Use of facilities? 5f Athletic programs? 5g X Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990) Does the organization receive any financial aid or assistance from a governmental agency? 6a Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990). Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

OMB No	1545-0172
20	009
Attachma	nt

See separate instructions.

Attach to your tax return

Sequence No

Name(s) shown on return Identifying number THE SAGE SCHOOL, INC. 27-0273042 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 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 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 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 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 2,066 during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 16 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 0 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (e) Convention (f) Method (business/investment use (g) Depreciation deduction period only-see instructions) service 19a 3-year property 2,065 5.0 200DB 103 MO 5-year property C 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. S/L Residential rental 27 5 yrs MM property 27 5 yrs MM S/L MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 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 2,169 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

4711 THE SAGE SCHOOL, INC.

Federal Statements

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27-0273042 FYE: 6/30/2010

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount			
EXPENSES	\$			
ADVERTISING AND PROMOTION	5,261			
OFFICE	1,017			
INFORMATION TECHNOLOGY	6,191			
CONFERENCES AND MEETINGS	322			
INSURANCE	3,608			
GRADUATION	907			
FIELD TRIPS	524			
SCHOOL MATERIALS	4,058			
LICENSES & DUES	905			
TOTAL	\$ 22,793			

Statement 2 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description				Description	Amount					
воок	/	TAX	DEPREC	DIFFERENCE	\$	1,9	62			
	T	JATC			\$	1,9	62			

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
3 MAC BOOKS LESS ACCUMULATED DEPRECIATION SECURITY DEPOSIT	\$	\$ 4,131 207 2,000
		 5,924

4711 THE SAGE SCHOOL, INC.

27-0273042 FYE: 6/30/2010

Federal Statements

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Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE SAGE SCHOOL IS A SMALL, INDEPENDENT SCHOOL LOCATED IN HAILEY, ID. ARE DEDICATED TO ADOLESCENTS. THE TRANSITION TO ADULTHOOD IS A CRITICAL TIME IN DEVELOPING ENGAGED CITIZENS, WHO ARE COMFORTABLE IN THE WORLD AND WITH THEMSELVES, AND WHO STRIVE TO REALIZE THEIR FULL AND POSITIVE HUMAN POTENTIAL. WE ARE COMMITTED TO EDUCATIONAL EXCELLENCE, TO HIGHLY PERSONALIZED INSTRUCTION, AND TO CREATING A RESPECTFUL ENVIRONMENT IN WHICH STUDENTS CAN THRIVE.