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2010

Open to Public Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

Department of the Treasury Internal Revenue Service

Form 990-EZ header section including fields for tax year (4/1/2010 to 12/31/2010), organization name (APOGAEA INC.), EIN (20-0970396), and address (PO BOX 8836, DENVER CO 80229).

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

Table with 21 rows detailing Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes handwritten entries for revenue items like '61104' and '3000', and total revenue of '64121'.

SCANNED JUN 14 2011

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
22 Cash, savings, and investments	24861	22 55546
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	24861	25 55546
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24861	27 55546

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 SCHED O
 Describe what was achieved in carrying out the organization's exempt purposes. 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 and section 4947(a)(1) trusts, optional for others)

28 <u>OUTDOOR ARTS + MUSIC FESTIVAL</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	29827
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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	29827

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CAROLYN R KEERT PO BOX 8836 DENVER CO 80229	PRESIDENT/DIR 10	0		
GUY ALEXANDER MASON PO BOX 8836 DENVER CO 80229	VICES PRES/DIR 5	0		
SCOTT STRONMEIER PO BOX 8836 DENVER CO 80229	Treasurer/DIR 10	0		
RACHEL JESSICA CHAM PO BOX 8836 DENVER CO 80229	SECRETARY 5	0		
NATHAN LAWRENCE JOSEPH MILLER PO BOX 8836 DENVER CO 80229	DIRECTOR 2	0		
SHARON M D'ANGELO PO BOX 8836 DENVER CO 80229	DIRECTOR 2	0		
ROBERT MEYDENBAUER PO BOX 8836 DENVER CO 80229	DIRECTOR 2	0		
BENJAMIN WILLIAM B TRAVIS PO BOX 8836 DENVER CO 80229	DIRECTOR 2	0		
ROBERT EUGENE HODGES PO BOX 8836 DENVER CO 80229	DIRECTOR 2	0		
DAVID S WELHAUSEN PO BOX 8836 DENVER CO 80229	DIRECTOR 2	0		