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## Short Form Return of Organization Exempt From Income Tax

**2015**

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

**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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year, or tax year beginning 2015, and ending 20

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization  
**SANGRES ART GUILD**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**PO BOX 205**

City or town, state or province, country, and ZIP or foreign postal code  
**WESTCLIFFE, CO 81252**

**D** Employer identification number  
**20-2875554**

**E** Telephone number  
**(719) 783-0886**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ **WWW.SANGRESARTGUILD.COM**

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)( ) ◀ (insert no)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  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 ▶ \$ **21,254**

**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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>		<b>12,826</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>		<b>3,969</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Investment income	<b>4</b>		<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	<b>4,455</b>		
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>			
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>		<b>4,455</b>	
	<b>6</b> Gaming and fundraising events				
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>			
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>			
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>				
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>				
<b>Revenue</b>	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>			
	<b>b</b> Less: cost of goods sold	<b>7b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>			
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>				
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>		<b>21,254</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>			
	<b>11</b> Benefits paid to or for members	<b>11</b>			
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>		<b>1,060</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>			
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>		<b>2,900</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>		<b>3,833</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>		<b>11,008</b>	
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>		<b>18,801</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>		<b>2,453</b>	
	<b>19</b> 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)	<b>19</b>		<b>12,538</b>	
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>		<b>(100)</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>		<b>14,891</b>	

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For Paperwork Reduction Act Notice, see the separate instructions.

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**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	12,789	15,116
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	113	188
25 Total assets	12,902	15,304
26 Total liabilities (describe in Schedule O)	364	413
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,538	14,891

**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? DEVELOP, EDUCATE AND SUPPORT THE ARTS

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 SALES OF CALENDARS FEATURING LOCAL ARTIST TO DEVELOP, PROMOTE AND SUPPORT THE ARTS IN THE WET MTN VALLEY  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3,635
29 HULLABALOO AND THE PLACEMENT OF VARIOUS ART WORKS IN PUBLIC BUILDINGS TO DEVELOP, PROMOTE THE ARTS FOR THE PUBLIC AND TO ENHANCE THE COMMUNITY  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,736
30 ART WORKSHOPS TO EDUCATE ARTISTS AND THE PUBLIC AND TO PROMOTE AND SUPPORT THE ARTS IN VARIOUS MEDIA.  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,134
31 Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	SEE SERVICES 9,296
32 Total program service expenses (add lines 28a through 31a) . . . . .	32	18,801

**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
CURT GILLESPIE PRESIDENT	1.00	0	0	0
ANNE OWENS BOARD MEMBER	1.00	0	0	0
LINNEA LAURILA TREASURER	2.00	0	0	0
LORIE MERFELD-BATSON VICE PRESIDENT	1.00	0	0	0
ANNIE DAWID BOARD MEMBER	1.00	0	0	0
ANGIE ARTERBURN SECRETARY	1.00	0	0	0
JOHN RAUCH BOARD MEMBER	1.00	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 Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

	Yes	No
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		X
48		X
49a		X
49b		

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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."

(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: *Linnea Laurila* Date: 08 Feb 2016  
 Type or print name and title: LINNEA LAURILA, TREASURER

**Paid Preparer Use Only**  
 Print/Type preparer's name: Nancy Tracewell  
 Preparer's signature: *Nancy Tracewell* Date: 02-04-2016  
 Check  if self-employed PTIN: P00021818  
 Firm's name: Sangre Solutions Firm's EIN:  
 Firm's address: 302 Main Street Westcliffe CO 81252 Phone no: 719-783-0631

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**

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2015**

▶ Attach to Form 990 or Form 990-EZ.

**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](http://www.irs.gov/form990).

Name of the organization  
**SANGRES ART GUILD**

Employer identification number  
**20-2875554**

**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 (Form 990 or 990-EZ).)
- 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 (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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,604	11,325	18,768	12,282	12,826	67,805
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	24,330	21,279	14,333	6,250	8,424	74,616
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> Total. Add lines 1 through 5 . . . . .	36,934	32,604	33,101	18,532	21,250	142,421
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8</b> Public support. (Subtract line 7c from line 6) . . . . .						142,421

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 . . . . .	36,934	32,604	33,101	18,532	21,250	142,421
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	9	3	5	1	4	22
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	9	3	5	1	4	22
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	36,943	32,607	33,106	18,533	21,254	142,443

**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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	99.98	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	16	100.00	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	18	0.00	%

**19a** 33 1/3% support tests - 2015. 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 - 2014. 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 . . . . .

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

**SANGRES ART GUILD**

Employer identification number  
**20-2875554**

**01. Description of other expenses (Part I, line 16)**

DESCRIPTION	AMOUNT
SAG EXPENSES	1,314
MARKETING EXPENSES	1,120
PLEIN AIR EXPENSES	4,736
HULLABALOO EXPENSES	660
BANK CHARGES	446
SUPPLIES	457
OFFICE SUPPLIES	1,126
LICENSES	125
AWARDS	550
ART FOR KIDS EXPENSE	474

**02. Other changes in net assets or fund balances (Part I, line 20)**

DESCRIPTION	AMOUNT
ADJUST TO CURRENT BALANCE	(100)

**03. Description of other assets (Part II, line 24)**

CATEGORY	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	113	85
ATRISTS SHARE	0	103

**04. Description of total liabilities (Part II, line 26)**

CATEGORY	BEGINNING OF YEAR	END OF YEAR
SALES TAX PAYABLE	364	413

Name of the organization

Employer identification number

**SANGRES ART GUILD**

**20-2875554**

**05. Other program services (Part III, line 31)**

PROVIDE A PUBLIC GALLEY FOR VIEWING ART WORKS IN VARIOUS MEDIA AS WELL AS SALES TO SUPPORT THE ARTISTS.