

Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Open to Public Inspection

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 \$1,000,000 and total assets less than \$2,500,000 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

<b>A</b> For the 2008 calendar year, or tax year beginning _____, and ending _____		<b>D</b> Employer identification number <b>26-1759872</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>STUDIOS ON THE PARK INC.</b>	
		<b>C/O ANNE LADDON</b>	
		Number and street (or P.O. box, if mail is not delivered to street address) <b>P.O. BOX 3000</b>	Room/suite
City or town, state or country, and ZIP + 4 <b>PASO ROBLES CA 93447</b>		<b>E</b> Telephone number <b>805-610-5596</b>	
● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		<b>F</b> Group Exemption Number _____ ▶	

<b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____ ▶	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: ▶ <b>N/A</b>	
<b>J</b> Organization type (check only one)— <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ **77,425**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received .....	1	77,425
	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	
	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) (attach sch.) .....	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> .....		
	a Gross revenue (not including \$ _____ of contributions reported on line 1) .....	6a	
b Less: direct expenses other than fundraising expenses .....	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) .....	6c		
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 _____) .....	8		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 .....	9	<b>77,425</b>	
Expenses	10 Grants and similar amounts paid (attach schedule) .....	10	
	11 Benefits paid to or for members .....	11	
	12 Salaries, other compensation, and employee benefits .....	12	
	13 Professional fees and other payments to independent contractors .....	13	24,375
	14 Occupancy, rent, utilities, and maintenance .....	14	
	15 Printing, publications, postage, and shipping .....	15	
	16 Other expenses (describe _____) .....	16	
	<b>17 Total expenses.</b> Add lines 10 through 16 .....	17	<b>24,375</b>
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) .....	18	53,050
	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	29,887
	20 Other changes in net assets or fund balances (attach explanation) .....	20	
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20 .....	21	<b>82,937</b>

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .....		22	29,887		401,902
23 Land and buildings .....		23			
24 Other assets (describe <b>▶ See Statement 1</b> ) .....		24			115,169
<b>25 Total assets</b> .....		25	29,887		517,071
26 Total liabilities (describe <b>▶ See Statement 2</b> ) .....		26	0		434,134
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....		27	29,887		82,937

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

Form **990-EZ** (2008)

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

**Expenses**  
 (Required for 501(c)(3)  
 and (4) organizations  
 and 4947(a)(1) trusts;  
 optional for others.)

What is the organization's primary exempt purpose?

See Statement 3

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, or other relevant information for each program title.

28 N/A  
 (Grants \$ ) If this amount includes foreign grants, check here  **28a**

29  
 (Grants \$ ) If this amount includes foreign grants, check here  **29a**

30  
 (Grants \$ ) If this amount includes foreign grants, check here  **30a**

31 Other program services (attach schedule)  
 (Grants \$ ) If this amount includes foreign grants, check here  **31a**

32 Total program service expenses (add lines 28a through 31a) **32**

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for 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
ANNE LADDON P.O. BOX 2049 PASO ROBLES CA 93447	PRESIDENT 90	0	0	0
JIM IRVING P.O. BOX 2049 PASO ROBLES CA 93447	10	0	0	0
ELIZABETH HASTINGS 6880 ADELAIDA ROAD PASO ROBLES CA 93446	TREASURER 20	0	0	0
NEWLIN HASTINGS 6880 ADELAIDA ROAD PASO ROBLES CA 93446	10	0	0	0
DEBBY BALDWIN 11680 CHIMNEY ROCK ROAD PASO ROBLES CA 93446	5	0	0	0
ELAINE BATEMAN 8005 SAN GREGORIO ATASCADERO CA 93422	10	0	0	0
WILLIAM BATEMAN 8005 SAN GREGORIO ATASCADERO CA 93422	10	0	0	0
PHYLLIS FRANK 1995 SANTA RITA ROAD TEMPLETON CA 93465	10	0	0	0
BARBARA PARTRIDGE P.O. BOX 635 PASO ROBLES CA 93447	10	0	0	0
ELISABETH SARROW 2776 SAVADA LANE ARROYO GRANDE CA 93420	10	0	0	0
MARK SARROW 2776 SAVADA LANE ARROYO GRANDE CA 93420	10	0	0	0
SASHA IRVING P.O. BOX 2049 PASO ROBLES CA 93447	CLERK 60	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. <span style="float:right">▶ 37a</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____</span>		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____</span>		
e	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		X
41	List the states with which a copy of this return is filed. <span style="float:right">CA</span>		
42a	The books are in care of <span style="float:right">▶ ELIZABETH HASTINGS</span> Telephone no. <span style="float:right">▶ _____</span> <b>6880 ADELAIDA ROAD</b> Located at <span style="float:right">▶ PASO ROBLES, CA</span> ZIP + 4 <span style="float:right">▶ 93446</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
49b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the 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 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	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000				

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000		

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: **ANNE LADDON** Date: **PRESIDENT**  
 Type or print name and title.

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: **8/20/12** Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Stephen C Hovey Acctcy Corp. 246 12th Street Paso Robles, CA 93446**  
 Preparer's identifying Number (See instr.): \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization STUDIOS ON THE PARK INC. C/O ANNE LADDON

Employer identification number 26-1759872

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: (Please check only one organization.)

- 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). (Attach Schedule H.)
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 X 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). (see instructions)
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 that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III—Functionally Integrated d Type III—Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the organizations the organization supports.

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S.?, (vii) Amount of support. Includes a Total row at the bottom.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					77,425	77,425
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 <b>Total.</b> Add lines 1-3					77,425	77,425
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 <b>Public support.</b> Subtract line 5 from line 4						77,425

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4					77,425	77,425
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 IV.)						
11 <b>Total support.</b> Add lines 7 through 10						77,425
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a <b>33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3 % support test—2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<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						
<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 Total.</b> Add lines 1-5						
<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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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						
<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 IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3 % support tests—2008.** 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—2007.** 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





**Federal Statements****Amended Return Explanation**Description

THE LANDLORD SET ASIDE AN ACCOUNT FOR TENANT IMPROVEMENTS. THESE WERE SHOWN ON THE ORIGINAL RETURN AS CONTRIBUTIONS. THIS WAS AN ERROR. THIS FILING CORRECTS THAT ERROR.

**Statement 1 - Form 990-EZ, Part II, Line 24 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
START UP COSTS	\$ _____	\$ 115,169
	_____	115,169

**Statement 2 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DUE TO LANDLORD	\$ _____	\$ 434,134
	_____	434,134

**Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description

STUDIOS ON THE PARK IS A NONPROFIT ORGANIZATION DEDICATED TO PROVIDING A CREATIVE, EDUCATIONAL, AND TRANSFORMATIONAL EXPERIENCE TO ENHANCE UNDERSTANDING AND APPRECIATION OF THE VISUAL ARTS. STUDIOS ON THE PARK REALIZES ITS COMMITMENT BY MAKING THE CREATIVE PROCESS AVAILABLE TO THE PUBLIC. STUDIOS ENGAGES AND INSPIRES THE SAN LUIS OBISPO COUNTY COMMUNITY AND ITS VISITORS WITH A UNIQUE OPEN STUDIO ENVIRONMENT. STUDIOS FEATURES ARTISTS WORKING IN A VARIETY OF MEDIA, EDUCATIONAL PROGRAMS FOR CHILDREN AND ADULTS, AND QUALITY EXHIBITIONS BY REGIONAL, NATIONAL AND INTERNATIONAL ARTISTS.

**MAIL TO:**

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

**WEB SITE ADDRESS:**

<http://ag.ca.gov/charities/>

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number _____ <b>STUDIOS ON THE PARK INC.</b> <hr/> Name of Organization <b>P.O. BOX 3000</b> <hr/> Address (Number and Street) <b>PASO ROBLES CA 93447</b> <hr/> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>3057528</u>  Federal Employer I.D. No. <u>26-1759872</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**

Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 1/01/08 ending 12/31/08) list:

Gross annual revenue \$ 77,425 Total assets \$ 517,071

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		<b>X</b>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable prop. or funds?		<b>X</b>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		<b>X</b>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		<b>X</b>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		<b>X</b>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		<b>X</b>
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		<b>X</b>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		<b>X</b>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		<b>X</b>

Organization's area code and telephone number 805-610-5596

Organization's e-mail address \_\_\_\_\_

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

			<b>8/20/12</b>
Signature of authorized officer	Printed Name	Title	Date

TAXABLE YEAR

2008

# California Exempt Organization Annual Information Return

FORM

199

month day year month day year

Calendar Year 2008 or fiscal year beginning, and ending

A First Return Filed?  Yes  No B Type of organization Exempt under Section 23701 (insert letter) \_\_\_\_\_ (insert letter) \_\_\_\_\_  
 IRC Section 4947(a)(1) trust

CORP #  
**3057528**

Corporation/Organization Name  
**STUDIOS ON THE PARK INC.  
C/O ANNE LADDON**

FEIN  
**26-1759872**

Address  
**P.O. BOX 3000**

City **PASO ROBLES** State **CA** ZIP Code **93447**

C Amended Return?  Yes  No  
 D Are you a subordinate/affiliate in a group exemption?  
 (a) Is this a group filing for affiliates? See Genl. Instr. L  Yes  No  
 (b) If "Yes," enter the number of affiliates \_\_\_\_\_  
 (c) Are all affiliates included? (If "No," attach a list. See instructions.)  Yes  No  
 (d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
 (e) Federal Group Exemption Number \_\_\_\_\_  
 (f) Is a roster of subordinates attached?  Yes  No  
 E Final return?  
 Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized (attach explanation)  
 If a box is checked, enter date \_\_\_\_\_  
 F Check the box if the organization filed: (1)  990T (2)  990PF (3)  990H  
 G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required

H Accounting method used (1)  Cash (2)  Accrual (3)  Other  
 I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations  Yes  No  
 J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents  Yes  No  
 K Is the organization exempt under R&TC Section 23701g? If "Yes," enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_  Yes  No  
 L Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
 M Is the organization a Limited Liability Company?  Yes  No  
 N Did the org. file Form 100 or Form 109 to report taxable inc.?  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	80	00
	2	Gross dues and assessments from members and affiliates		00
	3	Gross contributions, gifts, grants, and similar amounts received.	77,425	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	77,505	00
	5	Cost of goods sold		00
	6	Cost or other basis, and sales expenses of assets sold		00
	7	Total costs. Add line 5 and line 6		00
	8	Total gross income. Subtract line 7 from line 4	77,505	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	24,375	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	53,130	00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	10	00
	12	Total payments		00
	13	Penalties and Interest. See General Instruction J		00
	14	Use tax. See General Instruction K		00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	10	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here  
 Signature of officer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Paid Preparer's Use Only  
 Preparer's signature \_\_\_\_\_ Date **8/20/12** Check if self-employed  Preparer's SSN/PTIN \_\_\_\_\_  
 Firm's name (or yours, if self-employed) and address **Stephen C Hovey Acctcy Corp.  
246 12th Street  
Paso Robles, CA 93446** Telephone \_\_\_\_\_  
 May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	● 1		00
	2	Interest	● 2		00
	3	Dividends	● 3		00
	4	Gross rents	● 4		00
	5	Gross royalties	● 5		00
	6	Gross amount received from sale of assets (See Instructions) <b>See Statement 1</b>	● 6		80 00
	7	Other income. Attach schedule	● 7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8		80 00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	● 9		00
	10	Disbursements to or for members	● 10		00
	11	Compensation of officers, directors, and trustees. Attach schedule <b>See Statement 2</b>	● 11		0 00
	12	Other salaries and wages	● 12		00
	13	Interest	● 13		00
	14	Taxes	● 14		00
	15	Rents	● 15		00
	16	Depreciation and depletion (See instructions)	● 16		00
	17	Other. Attach schedule <b>See Statement 3</b>	● 17		24,375 00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18		24,375 00

**Schedule L Balance Sheets**

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		29,887		401,902
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans _____)				
9 Other investments				
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. <b>Stmt 4</b>				115,169
13 Total assets		29,887		517,071
<b>Liabilities and net worth</b>				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. <b>Stmt 5</b>				434,134
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		29,887		82,937
22 Total liabilities and net worth		29,887		517,071

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	● 53,130	7 Income recorded on books this year not included in this return. Attach schedule	●
2 Federal income tax	●	8 Deductions in this return not charged against book income this year. Attach schedule	●
3 Excess of capital losses over capital gains	●	9 Total. Add line 7 and line 8	●
4 Income not recorded on books this year. Attach schedule	●	10 Net income per return.	●
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●	Subtract line 9 from line 6	●
6 Total.	53,130		
Add line 1 through line 5	53,130		53,130

# California Statements

26-1759872

FYE: 12/31/2008

## Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description	How Received	Whom Sold	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
Schedule D Input	Purchase				\$ 80	\$		\$
Total					\$ 80	\$ 0	\$ 0	\$ 0

**California Statements**

**Statement 2 - Form 199, Part II, Line 11 - Officer Compensation**

Name	City	State	Zip	Title	Avg Hrs	Compensation Amount
ANNE LADDON	PASO ROBLES	CA	93447	PRESIDENT	90	
JIM IRVING	PASO ROBLES	CA	93447		10	
ELIZABETH HASTINGS	PASO ROBLES	CA	93446	TREASURER	20	
NEWLIN HASTINGS	PASO ROBLES	CA	93446		10	
DEBBY BALDWIN	PASO ROBLES	CA	93446		5	
ELAINE BATEMAN	ATASCADERO	CA	93422		10	
WILLIAM BATEMAN	ATASCADERO	CA	93422		10	
PHYLLIS FRANK	TEMPLETON	CA	93465		10	
BARBARA PARTRIDGE	PASO ROBLES	CA	93447		10	
ELISABETH SARROW	ARROYO GRANDE	CA	93420		10	
MARK SARROW	ARROYO GRANDE	CA	93420		10	
SASHA IRVING	PASO ROBLES	CA	93447	CLERK	60	
Total						0

**California Statements****Statement 3 - Form 199, Part II, Line 17 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$ 24,375
Total	\$ <u>24,375</u>

**Statement 4 - Form 199, Schedule L, Line 12 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
START UP COSTS	\$	\$ 115,169
Total	\$ 0	\$ <u>115,169</u>

**Statement 5 - Form 199, Schedule L, Line 18 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DUE TO LANDLORD	\$	\$ 434,134
Total	\$ 0	\$ <u>434,134</u>