

Form **990**Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024
Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning , and ending		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STUDIOS ON THE PARK INC	D Employer identification number 26-1759872
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 3000	E Telephone number 805-238-9800
	City or town, state or province, country, and ZIP or foreign postal code PASO ROBLES CA 93447	
	F Name and address of principal officer: ANNE LADDON PO BOX 2049 PASO ROBLES CA 93447	G Gross receipts \$ 692,168
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
J Website: https://studiosonthepark.org/		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2007 M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	0
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	148,477	133,873
Expenses	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	180,838	189,952
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,312	29,695
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	91,058	99,606
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	452,685	453,126
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	182,732	189,854
	b Total fundraising expenses (Part IX, column (D), line 25)		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	114,766	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	295,458	331,799
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	478,190	521,653
		-25,505	-68,527
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,002,697	974,022
	88,939	93,472	
22 Net assets or fund balances. Subtract line 21 from line 20	913,758	880,550	

Part II Signature Block

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	
	Type or print name and title VICE PRESIDENT			
Paid Preparer Use Only	Preparer's name GEORGE G ROSS	Preparer's signature <i>George Ross</i>	Date 09/03/25	Check <input type="checkbox"/> if self-employed PTIN P00581736
	Firm's name Ross Carreiro Brown CPAs, P.C.	Firm's EIN 87-3744513		
	Firm's address 895 Shasta Ave Morro Bay, CA 93442	Phone no. 805-772-2808		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990** (2024)