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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C CANOPY STUDIO INC P O BOX 7801 ATHENS, GA 30604	D Employer identification number 04-3601205
		E Telephone number 706-549-8501
		F Group Exemption Number
		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: ▶ WWW.CANOPYSTUDIO.COM**J Tax-exempt status** (check only one) — ☒ 501(c) (3) (insert no) 4947(a)(1) or 527**K** Check ☐ 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.**L** 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 ▶ \$ 161,273.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	10,627.
2 Program service revenue including government fees and contracts	2	150,080.
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)	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	566.
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	566.
8 Other revenue (describe _____)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	161,273.
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	-65,256.
13 Professional fees and other payments to independent contractors	13	1,580.
14 Occupancy, rent, utilities, and maintenance	14	36,048.
15 Printing, publications, postage, and shipping	15	895.
16 Other expenses (describe ▶ SEE STATEMENT 1)	16	52,196.
17 Total expenses. Add lines 10 through 16	17	155,975.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,298.
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	10,303.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,601.

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
22 Cash, savings, and investments	9,178.	13,937.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	2,786.	2,720.
25 Total assets	11,964.	16,657.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	1,661.	1,056.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,303.	15,601.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED SEP 14 2010

EXPENSES

ASSETS

99

16

Part II Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **ARTS CENTER**

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.

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

28 SEE STATEMENT 4(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 instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
MELISSA ROBERTS 650 BOULEVARD AVENUE ATHENS, GA 30601	DIRECTOR 0	1.	0.	0.
WILLIE BANKS 518 EDGEWOOD DRIVE ATHENS, GA 30606	BOARD MEMBER 1.00	0.	0.	0.
MICHAEL W MASSEY P O BOX 1492 COMMERCE, GA 30529	TREASURER 2.00	0.	0.	0.
AMANDA MARTIN 160 TRACY STREET, UNIT 1 ATHENS, GA 30606	VICE PRESIDENT 0	1.	0.	0.
SARAH MORANG 725 PULASKI STREET ATHENS, GA 30601	BOARD MEMBER 0	1.	0.	0.
CARLYNN KENNA 1251 CHRISTIAN DRIVE WATKINSVILLE, GA 30677	BOARD MEMBER 1.00	0.	0.	0.
JOAQUIN MADRID 250 CHEROKEE AVE ATHENS, GA 30606	PRESIDENT 2.00	1.	0.	0.
VICKI CHRISTOPHER JOINER 410 MILLSTONE CIR ATHENS, GA 30605	SECRETARY 1.00	0.	0.	0.
SALLY COENEN 760 RAMBLING ROAD ATHENS, GA 30606	BOARD MEMBER 1.00	0.	0.	0.
JESSICA HUNT 620 HILL STREET #5 ATHENS, GA 30606	SECRETARY 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 5

	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? 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 why the organization did not report the income on Form 990-T.		
a 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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 instructions 37a 0.		
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 outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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		
c 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 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
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 40e X		
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **TINA RIDLEY** Telephone no. **706-549-8501**
 Located at **160 TRACY STREET ATHENS GA** ZIP + 4 **30601**

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)? **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 a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c** 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 ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization a section 527 organization?	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 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 and deferred compensation	(e) Expense account and other allowances
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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	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.			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Signature of officer: <i>Amanda F. Martin</i></p> <p>Type or print name and title: AMANDA F. MARTIN</p> </div> <div style="width: 20%;"> <p>Date: 8/13/10</p> </div> </div>			
Paid Preparer's Use Only	Preparer's signature: <i>[Signature]</i> Firm's name (or yours if self-employed), address, and ZIP + 4: TURNER AND PATAT, P.C. 1165-A CEDAR SHOALS DR ATHENS, GA 30605-3592	Date: 8/10/10	Check if self-employed: <input type="checkbox"/>	Preparer's Identifying Number (See instructions): P00038819 EIN: 58-1858240 Phone no: (706) 354-1212

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Part I 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
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 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						
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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

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 the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 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. <input type="checkbox"/>		
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. <input type="checkbox"/>		
b 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 organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. 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"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009

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 yr 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 'unusual grants'.)	11,270.	3,965.	12,661.	6,486.	10,627.	45,009.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	111,170.	103,148.	118,041.	147,907.	150,080.	630,346.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	122,440.	107,113.	130,702.	154,393.	160,707.	675,355.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						675,355.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	122,440.	107,113.	130,702.	154,393.	160,707.	675,355.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lines 9, 10c, 11, and 12)						675,355.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.0 %

- 19a 33-1/3 support tests — 2009.** 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 — 2008.** If the organization did not check a box on line 14 or 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. ☐

Part IV

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.

[illegible]

CANOPY STUDIO INC

04-3601205

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	1,115.
COMPUTER & IT ITEMS		202.
CONTRACT LABOR		33,926.
DEPRECIATION		1,165.
DUES AND SUBSCRIPTIONS		487.
INSURANCE		4,296.
OFFICE EXPENSES		2,184.
PERFORMANCES		3,460.
PERMITS AND LICENSES		175.
UTILITIES		5,186.
TOTAL	\$	52,196.

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 94.	\$ 67.
INVENTORIES	0.	1,099.
MACHINERY AND EQUIPMENT	2,559.	1,510.
MISCELLANEOUS	133.	44.
TOTAL	\$ 2,786.	\$ 2,720.

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
PAYABLE TO OFFICERS, DIRECTORS, ETC.	\$ 0.	\$ 0.
PAYROLL LIABILITIES	387.	0.
	1,274.	1,027.
TOTAL	\$ 1,661.	\$ 1,027.

STATEMENT 4
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CANOPY STUDIO, INC., A COMMUNITY ARTS CENTER, IS DEDICATED TO ENRICHING THE COMMUNITY CULTURE AND INDIVIDUALS THROUGH FLYING DANCE TRAPEZE, MOVEMENT EDUCATION AND PERFORMANCE ARTS. CANOPY OFFERS VARIOUS PROGRAMS, CLASSES, WORKSHOPS AND PERFORMANCES TO INDIVIDUALS. RELATIONSHIPS ARE CONTINUALLY ESTABLISHED WITH ARTISTS AND TEACHERS TO ASSIST IN BRINGING NEW PERFORMANCES AND LEARNING OPPORTUNITIES TO NORTHEAST GEORGIA.

2009

FEDERAL STATEMENTS

PAGE 2

CANOPY STUDIO INC

04-3601205

STATEMENT 5
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

CANOPY STUDIO INC

04-3601205

	2009	2008	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS	10,627	6,486	4,141
PROGRAM SERVICE REVENUE	150,080	148,543	1,537
GROSS PROFIT (LOSS) - INVENTORY SALES	566	490	76
TOTAL REVENUE	161,273	155,519	5,754
EXPENSES			
SALARIES AND EMPLOYEE BENEFITS	65,256	62,491	2,765
PROFESSIONAL FEES/PYMT TO CONTRACTORS	1,580	1,405	175
OCCUPANCY/RENT/UTILITIES/MAINTENANCE	36,048	35,260	788
PRINTING, PUBLICATIONS, AND POSTAGE	895	1,023	-128
OTHER EXPENSES	52,196	50,997	1,199
TOTAL EXPENSES	155,975	151,176	4,799
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR	5,298	4,343	955
NET ASSETS/FUND BAL. AT BEG. OF YEAR	10,303	5,960	4,343
NET ASSETS/FUND BAL. AT END OF YEAR	15,601	10,303	5,298

12/31/09

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CANOPY STUDIO INC

04-3601205

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC. BAL DEPR	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
FORM 990/990-PF																
COMPUTERS & RELATED ITEMS																
1	COMPUTER	12/21/05		944							944	750	200DB MQ	5	.10940	103
	TOTAL COMPUTERS & RELATED I			944							944	750				103
FURNITURE AND FIXTURES																
5	UNDERCOUNTER CASH BOX	6/11/08		110							110	16	200DB HY	7	.24490	27
	TOTAL FURNITURE AND FIXTURE			110							110	16				27
MACHINERY AND EQUIPMENT																
2	MACBOOK	6/19/07		1,442							1,442	749	200DB HY	5	.19200	277
3	STEREO SOUND SYSTEM	3/19/08		494							494	99	200DB HY	5	.32000	158
4	MACBOOK - DIRECTOR'S	4/23/08		1,596							1,596	319	200DB HY	5	.32000	511
	TOTAL MACHINERY AND EQUIPME			3,532							3,532	1,167				946
MISCELLANEOUS																
6	QUICKBOOKS 2007 FOR MAC	7/28/08		200							200	67	200DB HY	3	.44450	89
	TOTAL MISCELLANEOUS			200							200	67				89
	TOTAL DEPRECIATION			4,786							4,786	2,000				1,165

CANOPY STUDIO INC

04-3601205

[illegible]