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## Short Form Return of Organization Exempt From Income Tax

2010

Open to Public  
Inspection

Department 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, 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.

**A** For the 2010 calendar year, or tax year beginning Jan, 2010, and ending December, 20 10

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>Old Town Artisan Studio</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>78-100 Main St Suite 104</b></p> <p>City or town, state or country, and ZIP + 4 <b>La Quinta, CA 92253</b></p>	<p><b>D</b> Employer identification number <b>26-4437263</b></p> <p><b>E</b> Telephone number <b>760-777-1444</b></p> <p><b>F</b> Group Exemption Number ▶</p>
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**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.oldtownartisanstudio.org](http://www.oldtownartisanstudio.org)

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

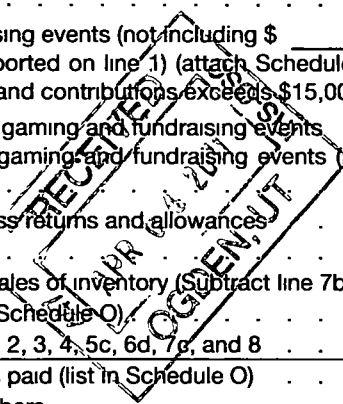
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ \_\_\_\_\_

**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 . . . . .

	Description		Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	60897
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	72085
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	29110
	<b>4</b> Investment income . . . . .	<b>4</b>	0
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</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>	0
	<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 \$ <u>54181</u> 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>	54181	
<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>	120
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	120
	<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	0
	<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	216393
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	0
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	21766
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	65981
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	39660
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	6341
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	62397
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	195145
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	21248.11
	<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>	41465
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	-10103
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	31362

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

Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .		✓
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 . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
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 tax year covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
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 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
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. . . . .		✓
41	List the states with which a copy of this return is filed. ▶ <u>California</u>		
42a	The organization's books are in care of ▶ <u>Craig Courtright</u> Telephone no. ▶ <u>760-485-7707</u> Located at ▶ <u>83361 Calypso Cir Indio</u> ZIP + 4 ▶ <u>92201</u>		
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)? . . . . .	Yes	No
42b			✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		✓

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓
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		✓

**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 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	Did the organization engage in lobbying activities? 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 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

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

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 and 4947(a)(1) nonexempt charitable trusts 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  Date  
 Type or print name and title

Paid Preparer Use Only  
 Print/Type preparer's name  Preparer's signature  Date  Check  if self-employed PTIN   
 Firm's name  Firm's EIN   
 Firm's address  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

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

Employer identification number

Old Town Artisan Studio Inc.

26-4437263

**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.)
- 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 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? 

	Yes	No
11g(i)		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		
- h 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 or IRC section (see instructions))	(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
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .				75753	90007	165760
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .				75753	90007	165760
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						165760

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .				75753	90007	165760
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						165760
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	216393
<b>13 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**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	%
<b>16a 33 1/3% support test—2010.</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—2009.</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"/>	
<b>17a 10%-facts-and-circumstances test—2010.</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—2009.</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"/>	
<b>18 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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year . . . .						
<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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.) . . . .						
<b>14 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 type="checkbox"/>						

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2010.** 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—2009.** 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 . . . .





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Charity Soup</u> (event type)	<u>Circle of Friends</u> (event type)	<u>None</u> (total number)	(add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	33806	20375	0	54181
	<b>2</b> Less: Charitable contributions . . . . .	20824	0	0	20824
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	12982	20375	0	33357
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	100			100
	<b>7</b> Food and beverages . . . . .	2900			2900
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	20150	4466	0	24616
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 27616 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				5741	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

Old Town Artisan Studio, Inc.

Employer identification number

26-4437263

Form 990 EZ Line 15

Business Expenses	2237.07
Charity Soup	23150.6
Cir of Friends	4466.26
Bank/Credit Cards	3665.21
Facilities and Equipment	5997.41
Operations	19910.54
Misc types of exp	2192.5
Reconcillation discrepancies	
First month new software	777.41
	62397

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

Department of the Treasury  
Internal Revenue Service

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

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▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization  
Old Town Artisan Studio, Inc

Employer identification number  
26-4437263

8:59 AM

03/26/11

Cash Basis

**Old Town Artisan Studio**  
**Statement of Financial Position**  
**As of December 31, 2010**

	<u>Dec 31, 10</u>	<u>Dec 31, 09</u>	<u>\$ Change</u>	<u>% Change</u>
<b>ASSETS</b>				
<b>Current Assets</b>				
<b>Checking/Savings</b>				
10000 · Old Town Artisan Studio Inc.	20,092.14	7,995.04	12,097.10	151.3%
10025 · Petty Cash	100.00	0.00	100.00	100.0%
10050 · OTAS Restricted ACCT	11,974.96	1,000.00	10,974.96	1,097.5%
<b>Total Checking/Savings</b>	<u>32,167.10</u>	<u>8,995.04</u>	<u>23,172.06</u>	<u>257.6%</u>
<b>Accounts Receivable</b>				
11000 · Accounts Receivable	-1,934.65	0.00	-1,934.65	-100.0%
<b>Total Accounts Receivable</b>	<u>-1,934.65</u>	<u>0.00</u>	<u>-1,934.65</u>	<u>-100.0%</u>
<b>Other Current Assets</b>				
12000 · Undeposited Funds	1,084.59	0.00	1,084.59	100.0%
12100 · Inventory Asset	45.00	0.00	45.00	100.0%
<b>Total Other Current Assets</b>	<u>1,129.59</u>	<u>0.00</u>	<u>1,129.59</u>	<u>100.0%</u>
<b>Total Current Assets</b>	<u>31,362.04</u>	<u>8,995.04</u>	<u>22,367.00</u>	<u>248.7%</u>
<b>TOTAL ASSETS</b>	<u><b>31,362.04</b></u>	<u><b>8,995.04</b></u>	<u><b>22,367.00</b></u>	<u><b>248.7%</b></u>
<b>LIABILITIES &amp; EQUITY</b>				
<b>Liabilities</b>				
<b>Current Liabilities</b>				
<b>Other Current Liabilities</b>				
24100 · Gift Certificates	-70.00	0.00	-70.00	-100.0%
25500 · Sales Tax Payable	1,023.89	0.00	1,023.89	100.0%
<b>Total Other Current Liabilities</b>	<u>953.89</u>	<u>0.00</u>	<u>953.89</u>	<u>100.0%</u>
<b>Total Current Liabilities</b>	<u>953.89</u>	<u>0.00</u>	<u>953.89</u>	<u>100.0%</u>
<b>Total Liabilities</b>	<u>953.89</u>	<u>0.00</u>	<u>953.89</u>	<u>100.0%</u>
<b>Equity</b>				
30000 · Opening Balance Equity	10,748.39	10,583.39	165.00	1.6%
32000 · Unrestricted Net Assets	-1,588.35	0.00	-1,588.35	-100.0%
Net Income	21,248.11	-1,588.35	22,836.46	1,437.8%
<b>Total Equity</b>	<u>30,408.15</u>	<u>8,995.04</u>	<u>21,413.11</u>	<u>238.1%</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><b>31,362.04</b></u>	<u><b>8,995.04</b></u>	<u><b>22,367.00</b></u>	<u><b>248.7%</b></u>

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

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

9:08 AM

**Old Town Artisan Studio**

03/26/11

**Statement of Financial Income and Expense**

Cash Basis

January through December 2010

	Unclassified	TOTAL
<b>Expense</b>		
60900 · Business Expenses		
60920 · Business Registration Fees	35 00	35 00
60900 · Business Expenses - Other	2,202.07	2,202 07
<b>Total 60900 · Business Expenses</b>	<b>2,237 07</b>	<b>2,237.07</b>
60910 · Charity Soup	23,150 60	23,150.60
60911 · Cir of Friends	4,466 26	4,466 26
60915 · Bank and Credit Card Fees	3,665 21	3,665 21
62100 · Contract Services		
62140 · Legal Fees	120 00	120 00
62150 · Outside Contract Services		
62151 · Naduville Pottery, LLC	22,422 22	22,422 22
62152 · Kay Contract Labor	3,274 96	3,274 96
62153 · Mary Chavez Contract Labor	3,461 23	3,461 23
62154 · Juan Chavez	82 75	82 75
62155 · Craig Courtright	6,930 00	6,930 00
62156 · Lin Garretson	19,218 00	19,218 00
62157 · Elyshea Schwimmer	4,642 13	4,642 13
62158 · V- Jon Haddox	30.00	30 00
62159 · Dave Ison	3,000.00	3,000 00
62160 · Maria Cleaning	2,425.00	2,425 00
62150 · Outside Contract Services - Other	375.00	375.00
<b>Total 62150 · Outside Contract Services</b>	<b>65,861.29</b>	<b>65,861 29</b>
<b>Total 62100 · Contract Services</b>	<b>65,981.29</b>	<b>65,981.29</b>
62800 · Facilities and Equipment		
62890 · Utilities	2,604.43	2,604.43
62800 · Facilities and Equipment - Other	3,392.98	3,392 98
<b>Total 62800 · Facilities and Equipment</b>	<b>5,997.41</b>	<b>5,997 41</b>
62891 · Rent to Old Town	36,300.00	36,300 00
65000 · Operations		
65020 · Postage, Mailing Service	117.56	117.56
65030 · Printing and Copying	5,723.13	5,723 13
65040 · Supplies	16,068.05	16,068 05
65041 · Sparkletts Water	286.12	286 12
65050 · Verizon Telephone and FIOS	2,594 35	2,594 35
65000 · Operations - Other	3,321 93	3,321 93
<b>Total 65000 · Operations</b>	<b>28,111 14</b>	<b>28,111.14</b>
65011 · Storage OTAS	500 00	500 00
65100 · Other Types of Expenses		
65120 · Insurance - Liability, D and O	2,175.00	2,175 00
65100 · Other Types of Expenses - Other	17 50	17 50
<b>Total 65100 · Other Types of Expenses</b>	<b>2,192 50</b>	<b>2,192 50</b>
66000 · Payroll Expenses	396 84	396 84
66900 · Reconciliation Discrepancies	777 41	777.41
67000 · Salaries & Wages	18,785.00	18,785 00
67500 · Payroll Taxes	2,196 62	2,196 62
67600 · Workers Comp	387 64	387 64
<b>Total Expense</b>	<b>195,144 99</b>	<b>195,144.99</b>
<b>Net Ordinary Income</b>	<b>21,248 11</b>	<b>21,248 11</b>
<b>Net Income</b>	<b>21,248.11</b>	<b>21,248.11</b>

Name of the organization Old Town Artisan Studio, Inc.	Employer identification number 26-4 07263
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9:08 AM  
03/26/11  
Cash Basis

**Old Town Artisan Studio**  
**Statement of Financial Income and Expense**  
January through December 2010

	Unclassified	TOTAL
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
43071 · Patron Dues	20,400 00	20,400 00
43072 · Artisan Dues	8,710.00	8,710.00
43080 · Individual Major Donations	56,700 00	56,700 00
43081 · Corporate Donations	3,032.15	3,032 15
43082 · Studio Use Pkg	1,165.00	1,165 00
43084 · Circle of Friends	20,375 00	20,375 00
43100 · Classes		
43101 · Sergio	10,130 00	10,130 00
43102 · Kay Henkel	4,397 00	4,397 00
43103 · Mary Chavez	2,196.56	2,196 56
43106 · Elyshea	2,230 00	2,230 00
43100 · Classes - Other	3,020.81	3,020 81
<b>Total 43100 · Classes</b>	<b>21,974.37</b>	<b>21,974 37</b>
43104 · Sergio glazing class	3,870.00	3,870 00
43107 · 50/50 After Hours Classes	385 00	385 00
43200 · Gallery Sales		
43201 · Gallery Sergio	8,911 21	8,911 21
43202 · Gallery Kay	152.10	152 10
43203 · Gallery Mary	990 12	990 12
<b>Total 43200 · Gallery Sales</b>	<b>10,053 43</b>	<b>10,053 43</b>
43230 · Teaching Studio Package	545 00	545 00
43235 · Studio Sales Misc	200 69	200 69
43250 · Clay Sales		
43251 · Clay Sales-Soldate	2,079.58	2,079 58
43252 · Clay Sales B-Mix	524.18	524 18
43253 · Clay Sales Rod's Bod	135 00	135 00
43255 · Clay Sales Paper Clay	12 00	12 00
<b>Total 43250 · Clay Sales</b>	<b>2,750 76</b>	<b>2,750.76</b>
43260 · Kiln Firing Donation	1,866 07	1,866 07
43261 · Kiln Master	186 00	186 00
43265 · Clay Tools and Sets	233 52	233 52
43400 · Direct Public Support	1,472 00	1,472 00
43411 · Government grants	10,000 00	10,000 00
46400 · Other Types of Income		
46430 · Miscellaneous Revenue	8,961 19	8,961.19
<b>Total 46400 · Other Types of Income</b>	<b>8,961 19</b>	<b>8,961 19</b>
47200 · Program Income		
47201 · Girls Nite Out	2,003 00	2,003 00
47235 · Charity Soup Event	19,058 41	19,058 41
47236 · Raffle Charity Soup	4,360.00	4,360 00
47237 · Charity Soup Auction	8,547.46	8,547 46
47238 · Charity Soup Wine Wheel	1,840 00	1,840.00
47239 · Eggs	1,236.00	1,236 00
47200 · Program Income - Other	5,220 00	5,220 00
<b>Total 47200 · Program Income</b>	<b>42,264 87</b>	<b>42,264 87</b>
47242 · BisqueWare	1,368 05	1,368 05
<b>Total Income</b>	<b>216,513 10</b>	<b>216,513 10</b>
<b>Cost of Goods Sold</b>		
50000 · Cost of Goods Sold	120 00	120 00
<b>Total COGS</b>	<b>120 00</b>	<b>120 00</b>
<b>Gross Profit</b>	<b>216,393.10</b>	<b>216,393 10</b>

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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization  
Old Town Artisan Studio, Inc

Employer identification number  
26-4437263

7:53 AM  
03/27/11  
Cash Basis

**Old Town Artisan Studio**  
**Balance Sheet**  
As of December 31, 2010

	<u>Dec 31, 10</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
10000 · Old Town Artisan Studio Inc.	20,092 14
10025 · Petty Cash	100 00
10050 · OTAS Restricted ACCT	11,974 96
Total Checking/Savings	32,167 10
Accounts Receivable	
11000 · Accounts Receivable	-1,934 65
Total Accounts Receivable	-1,934.65
Other Current Assets	
12000 · Undeposited Funds	1,084 59
12100 · Inventory Asset	45.00
Total Other Current Assets	1,129 59
Total Current Assets	31,362 04
<b>TOTAL ASSETS</b>	<b><u>31,362.04</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
24100 · Gift Certificates	-70 00
25500 · Sales Tax Payable	1,023 89
Total Other Current Liabilities	953 89
Total Current Liabilities	953 89
Total Liabilities	953 89
Equity	
30000 · Opening Balance Equity	10,748 39
32000 · Unrestricted Net Assets	-1,588 35
Net Income	21,248 11
Total Equity	30,408 15
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>31,362.04</u></b>

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

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization  
Old Town Artisan Studio, Inc.

Employer identification number  
26-4437263

8:59 AM  
03/26/11  
Cash Basis

**Old Town Artisan Studio**  
**Statement of Financial Position**  
**As of December 31, 2010**

	<u>Dec 31, 10</u>	<u>Dec 31, 09</u>	<u>\$ Change</u>	<u>% Change</u>
<b>ASSETS</b>				
Current Assets				
Checking/Savings				
10000 · Old Town Artisan Studio Inc.	20,092 14	7,995.04	12,097 10	151 3%
10025 · Petty Cash	100 00	0 00	100 00	100 0%
10050 · OTAS Restricted ACCT	11,974 96	1,000 00	10,974 96	1,097 5%
<b>Total Checking/Savings</b>	<b>32,167 10</b>	<b>8,995 04</b>	<b>23,172 06</b>	<b>257 6%</b>
Accounts Receivable				
11000 · Accounts Receivable	-1,934 65	0 00	-1,934.65	-100 0%
<b>Total Accounts Receivable</b>	<b>-1,934 65</b>	<b>0 00</b>	<b>-1,934.65</b>	<b>-100 0%</b>
Other Current Assets				
12000 · Undeposited Funds	1,084 59	0 00	1,084 59	100 0%
12100 · Inventory Asset	45 00	0 00	45 00	100 0%
<b>Total Other Current Assets</b>	<b>1,129 59</b>	<b>0 00</b>	<b>1,129 59</b>	<b>100 0%</b>
<b>Total Current Assets</b>	<b>31,362 04</b>	<b>8,995.04</b>	<b>22,367 00</b>	<b>248 7%</b>
<b>TOTAL ASSETS</b>	<b>31,362.04</b>	<b>8,995.04</b>	<b>22,367.00</b>	<b>248.7%</b>
<b>LIABILITIES &amp; EQUITY</b>				
Liabilities				
Current Liabilities				
Other Current Liabilities				
24100 · Gift Certificates	-70 00	0 00	-70 00	-100 0%
25500 · Sales Tax Payable	1,023 89	0 00	1,023 89	100 0%
<b>Total Other Current Liabilities</b>	<b>953 89</b>	<b>0 00</b>	<b>953 89</b>	<b>100 0%</b>
<b>Total Current Liabilities</b>	<b>953 89</b>	<b>0 00</b>	<b>953 89</b>	<b>100 0%</b>
<b>Total Liabilities</b>	<b>953 89</b>	<b>0 00</b>	<b>953 89</b>	<b>100 0%</b>
Equity				
30000 · Opening Balance Equity	10,748 39	10,583.39	165.00	1 6%
32000 · Unrestricted Net Assets	-1,588 35	0 00	-1,588 35	-100 0%
Net Income	21,248 11	-1,588 35	22,836 46	1,437 8%
<b>Total Equity</b>	<b>30,408 15</b>	<b>8,995 04</b>	<b>21,413 11</b>	<b>238 1%</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>31,362.04</b>	<b>8,995.04</b>	<b>22,367.00</b>	<b>248.7%</b>

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

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

9:08 AM

03/26/11

Cash Basis

**Old Town Artisan Studio**  
**Statement of Financial Income and Expense**  
**January through December 2010**

	Unclassified	TOTAL
<b>Expense</b>		
<b>60900 · Business Expenses</b>		
60920 · Business Registration Fees	35 00	35 00
60900 · Business Expenses - Other	2,202 07	2,202 07
<b>Total 60900 · Business Expenses</b>	<b>2,237 07</b>	<b>2,237 07</b>
<b>60910 · Charity Soup</b>	<b>23,150 60</b>	<b>23,150 60</b>
<b>60911 · Cir of Friends</b>	<b>4,466.26</b>	<b>4,466 26</b>
<b>60915 · Bank and Credit Card Fees</b>	<b>3,665 21</b>	<b>3,665 21</b>
<b>62100 · Contract Services</b>		
62140 · Legal Fees	120 00	120 00
<b>62150 · Outside Contract Services</b>		
62151 · Naduville Pottery, LLC	22,422 22	22,422 22
62152 · Kay Contract Labor	3,274 96	3,274 96
62153 · Mary Chavez Contract Labor	3,461 23	3,461 23
62154 · Juan Chavez	82 75	82 75
62155 · Craig Courtright	6,930 00	6,930 00
62156 · Lin Garretson	19,218.00	19,218 00
62157 · Elyshea Schwimmer	4,642.13	4,642 13
62158 · V- Jon Haddox	30 00	30 00
62159 · Dave Ison	3,000 00	3,000 00
62160 · Maria Cleaning	2,425 00	2,425 00
62150 · Outside Contract Services - Other	375 00	375 00
<b>Total 62150 · Outside Contract Services</b>	<b>65,861 29</b>	<b>65,861 29</b>
<b>Total 62100 · Contract Services</b>	<b>65,981 29</b>	<b>65,981 29</b>
<b>62800 · Facilities and Equipment</b>		
62890 · Utilities	2,604 43	2,604 43
62800 · Facilities and Equipment - Other	3,392 98	3,392 98
<b>Total 62800 · Facilities and Equipment</b>	<b>5,997 41</b>	<b>5,997 41</b>
<b>62891 · Rent to Old Town</b>	<b>36,300 00</b>	<b>36,300 00</b>
<b>65000 · Operations</b>		
65020 · Postage, Mailing Service	117 56	117 56
65030 · Printing and Copying	5,723 13	5,723 13
65040 · Supplies	16,068 05	16,068 05
65041 · Sparkletts Water	286.12	286 12
65050 · Verizon Telephone and FIOS	2,594 35	2,594 35
65000 · Operations - Other	3,321 93	3,321 93
<b>Total 65000 · Operations</b>	<b>28,111 14</b>	<b>28,111 14</b>
<b>65011 · Storage OTAS</b>	<b>500 00</b>	<b>500 00</b>
<b>65100 · Other Types of Expenses</b>		
65120 · Insurance - Liability, D and O	2,175 00	2,175 00
65100 · Other Types of Expenses - Other	17 50	17 50
<b>Total 65100 · Other Types of Expenses</b>	<b>2,192 50</b>	<b>2,192 50</b>
<b>66000 · Payroll Expenses</b>	<b>396.84</b>	<b>396 84</b>
<b>66900 · Reconciliation Discrepancies</b>	<b>777 41</b>	<b>777 41</b>
<b>67000 · Salaries &amp; Wages</b>	<b>18,785 00</b>	<b>18,785 00</b>
<b>67500 · Payroll Taxes</b>	<b>2,196 62</b>	<b>2,196 62</b>
<b>67600 · Workers Comp</b>	<b>387 64</b>	<b>387 64</b>
<b>Total Expense</b>	<b>195,144 99</b>	<b>195,144 99</b>
<b>Net Ordinary Income</b>	<b>21,248 11</b>	<b>21,248 11</b>
<b>Net Income</b>	<b>21,248.11</b>	<b>21,248.11</b>

Name of the organization

Old Town Artisan Studio, Inc

Employer identification number

26-4437263

9:08 AM

03/26/11

Cash Basis

**Old Town Artisan Studio**  
**Statement of Financial Income and Expense**  
 January through December 2010

	Unclassified	TOTAL
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
43071 · Patron Dues	20,400 00	20,400 00
43072 · Artisan Dues	8,710 00	8,710 00
43080 · Individual Major Donations	56,700 00	56,700 00
43081 · Corporate Donations	3,032 15	3,032 15
43082 · Studio Use Pkg	1,165 00	1,165 00
43084 · Circle of Friends	20,375 00	20,375 00
43100 · Classes		
43101 · Sergio	10,130 00	10,130 00
43102 · Kay Henkel	4,397 00	4,397 00
43103 · Mary Chavez	2,196 56	2,196 56
43106 · Elyshea	2,230 00	2,230 00
43100 · Classes - Other	3,020 81	3,020 81
<b>Total 43100 · Classes</b>	<b>21,974 37</b>	<b>21,974 37</b>
43104 · Sergio glazing class	3,870 00	3,870 00
43107 · 50/50 After Hours Classes	385 00	385 00
43200 · Gallery Sales		
43201 · Gallery Sergio	8,911 21	8,911 21
43202 · Gallery Kay	152 10	152 10
43203 · Gallery Mary	990 12	990 12
<b>Total 43200 · Gallery Sales</b>	<b>10,053 43</b>	<b>10,053 43</b>
43230 · Teaching Studio Package	545 00	545 00
43235 · Studio Sales Misc	200 69	200 69
43250 · Clay Sales		
43251 · Clay Sales-Soldate	2,079 58	2,079 58
43252 · Clay Sales B-Mix	524 18	524 18
43253 · Clay Sales Rod's Bod	135 00	135 00
43255 · Clay Sales Paper Clay	12 00	12 00
<b>Total 43250 · Clay Sales</b>	<b>2,750 76</b>	<b>2,750 76</b>
43260 · Kiln Firing Donation	1,866 07	1,866 07
43261 · Kiln Master	186 00	186 00
43265 · Clay Tools and Sets	233 52	233 52
43400 · Direct Public Support	1,472 00	1,472 00
43411 · Government grants	10,000 00	10,000 00
46400 · Other Types of Income		
46430 · Miscellaneous Revenue	8,961 19	8,961 19
<b>Total 46400 · Other Types of Income</b>	<b>8,961 19</b>	<b>8,961 19</b>
47200 · Program Income		
47201 · Girls Nite Out	2,003 00	2,003 00
47235 · Charity Soup Event	19,058 41	19,058 41
47236 · Raffle Charity Soup	4,360 00	4,360 00
47237 · Charity Soup Auction	8,547 46	8,547 46
47238 · Charity Soup Wine Wheel	1,840 00	1,840 00
47239 · Eggs	1,236 00	1,236 00
47200 · Program Income - Other	5,220 00	5,220 00
<b>Total 47200 · Program Income</b>	<b>42,264 87</b>	<b>42,264 87</b>
47242 · BisqueWare	1,368 05	1,368 05
<b>Total Income</b>	<b>216,513 10</b>	<b>216,513 10</b>
<b>Cost of Goods Sold</b>		
50000 · Cost of Goods Sold	120 00	120 00
<b>Total COGS</b>	<b>120 00</b>	<b>120 00</b>
<b>Gross Profit</b>	<b>216,393 10</b>	<b>216,393 10</b>

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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization  
Old Town Artisan Studio, Inc

Employer identification number  
26-4437263

7:53 AM  
03/27/11  
Cash Basis

**Old Town Artisan Studio**  
**Balance Sheet**  
As of December 31, 2010

	<u>Dec 31, 10</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
10000 · Old Town Artisan Studio Inc.	20,092 14
10025 · Petty Cash	100 00
10050 · OTAS Restricted ACCT	11,974 96
<b>Total Checking/Savings</b>	<u>32,167 10</u>
<b>Accounts Receivable</b>	
11000 · Accounts Receivable	-1,934 65
<b>Total Accounts Receivable</b>	<u>-1,934 65</u>
<b>Other Current Assets</b>	
12000 · Undeposited Funds	1,084 59
12100 · Inventory Asset	45 00
<b>Total Other Current Assets</b>	<u>1,129 59</u>
<b>Total Current Assets</b>	<u>31,362 04</u>
<b>TOTAL ASSETS</b>	<u><u>31,362.04</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
24100 · Gift Certificates	-70 00
25500 · Sales Tax Payable	1,023 89
<b>Total Other Current Liabilities</b>	<u>953 89</u>
<b>Total Current Liabilities</b>	<u>953 89</u>
<b>Total Liabilities</b>	953 89
<b>Equity</b>	
30000 · Opening Balance Equity	10,748 39
32000 · Unrestricted Net Assets	-1,588 35
Net Income	21,248 11
<b>Total Equity</b>	<u>30,408 15</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>31,362.04</u></u>