

Studio 84
Statement of Financial Income and Expense
January through December 2011

Cash Basis

	Jan - Dec 11
Ordinary Income/Expense	
Income	
Individ, Business Contributions	27,820.91
Other Types of Income	379.53
Program Income	3,500.00
Total Income	31,700.44
Expense	
Advertising/Marketing Expenses	225.61
Business Fees	116.50
Contract Services	230.00
Equipment	1,339.67
Insurance - Liability, D and O	785.64
Office Supplies	738.03
Postage, Mailing Service	167.82
Printing and Copying	148.57
Program Supplies	1,144.83
Reconciliation Discrepancies	-0.42
Rent	12,000.00
Repairs/Maintance	361.32
Telephone & Internet	274.39
Utilities	3,810.34
Total Expense	21,342.30
Net Ordinary Income	10,358.14
Other Income/Expense	
Other Expense	
Ask My Accountant	0.00
Total Other Expense	0.00
Net Other Income	0.00
Net Income	10,358.14

Studio 84
Statement of Financial Position
As of December 31, 2011

Cash Basis

	<u>Dec 31, 11</u>
ASSETS	
Current Assets	
Checking/Savings	
Cash Drawer	43.00
First Citizens State Bank	11,442.34
Total Checking/Savings	11,485.34
Other Current Assets	
Undeposited Funds	20.00
Total Other Current Assets	20.00
Total Current Assets	11,505.34
Other Assets	
Other Asset	1,000.00
Total Other Assets	1,000.00
TOTAL ASSETS	<u>12,505.34</u>
LIABILITIES & EQUITY	
Equity	
Unrestricted Net Assets	2,147.20
Net Income	10,358.14
Total Equity	12,505.34
TOTAL LIABILITIES & EQUITY	<u>12,505.34</u>

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: (608) 266-2112

E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING CHARITABLE ORGANIZATION ANNUAL REPORT

ACCOUNTING PERIOD DATE
Beginning Jan 1 Ending Dec 31 2011

PLEASE TYPE OR PRINT IN INK THIS FORM REQUIRES 2 DIFFERENT SIGNATURES.

NAME OF ORGANIZATION <u>Studio 84 Inc</u>	WISCONSIN REGISTRATION NUMBER <u>10626-800</u>
ADDRESS (NUMBER AND STREET) OR P.O. BOX <u>121 W. Center St.</u>	FEDERAL EMPLOYER I.D. NUMBER <u>26-1647924</u>
CITY OR TOWN, STATE, ZIP CODE <u>Whitewater, WI 53190</u>	ORGANIZATION'S DAYTIME PHONE NUMBER <u>(262) 812-7560</u>
INDICATE ORGANIZATION TYPE <input type="checkbox"/> Civic & Social Action <input type="checkbox"/> Health Services <input checked="" type="checkbox"/> Culture <input type="checkbox"/> Education & Research <input type="checkbox"/> Human Services <input type="checkbox"/> Other	ACCOUNTING METHOD <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Accrual

PART I STATEMENT OF REVENUE TOTAL

1. Contribution, gifts, grants & similar amounts received				
a. Direct public support	1a	27,371.00		
b. Indirect public support	1b	0.00		
c. Total Public Support (add lines 1a and 1b)	1c		27,371.00	
2. Government grants			2	0.00
3. Program service revenue			3	3,500.00
4. Membership dues and assessments			4	0.00
5. Interest on savings and temporary cash investments			5	0.00
6. Dividends and interest from securities			6	0.00
7. a. Gross rent	7a			
b. Less: rental expenses	7b			
c. Net rental income (loss) (line 7a less line 7b)	7c		0.00	
8. Other investment income (attach schedule)			8	0.00
9. Capital gains:				
a. Gross amount from sales of assets other than inventory	9a			
b. Less: cost or other basis and sales expenses	9b			
c. Gain (loss) (line 9a less line 9b) (attach schedule)	9c		0.00	
10. Special fund-raising events and activities (attach schedule)				
a. Gross revenue (not including \$ _____) of contributions reported on line 1a	10a	450.00		
b. Less: direct expenses	10b	261.00		
c. Net income (line 10a less line 10b)	10c		189.00	
11. a. Gross sales less returns and allowances	11a	993.00		
b. Less: cost of goods sold	11b	613.00		
c. Gross profit (loss) line 11a less line 11b) (attach schedule)	11c		380.00	
12. Other Revenue (attach schedule)			12	0.00
13. Total Revenue (add lines 1c, 2, 3, 4, 5, 6, 7c, 8, 9c, 10c, 11c and 12)	13			31,440.00

Wisconsin Department of Safety and Professional Services

PART II STATEMENT OF FUNCTIONAL EXPENSES Do not include amounts reported on 7b, 9b, 10b or 11b	(A) Total	(b) Program Services	(c) Management & General	(d) Fund-raising
14. Grants and allocations (attach schedule)	0		////////// //////////	////////// //////////
15. Specific assistant to individual (attach schedule)	0		////////// //////////	////////// //////////
16a. Benefits paid to or for members (attach schedule)	0		////////// //////////	////////// //////////
16b. Payments to affiliates (attach schedule)	0	////////// //////////	////////// //////////	////////// //////////
17. Compensation of officers, directors, etc.	0			
18. Other salaries and wages	0			
19. Pension plan contributions	0			
20. Other employee benefits	0			
21. Payroll taxes	0			
22. Professional fund-raising fees	0	////////// //////////	////////// //////////	
23. Accounting fees	0			
24. Legal fees	0			
25. Supplies	1883.00	1,145.00	738.00	0.00
26. Telephone	274.00	137.00	137.00	0.00
27. Postage and shipping	168.00	72.00	96.00	0.00
28. Occupancy	15,810.00	11,857.00	3,953.00	0.00
29. Equipment rental and maintenance	0	0	0	0
30. Printing and publications	149.00	149.00	0.00	0.00
31. Travel	0			
32. Conferences, conventions, and meetings	0			
33. Interest	0			
34. Depreciation, depletion, etc. (attach schedule)	0			
35. Other expenses (itemize)				
a. <u>Business fees</u>	117.00	0.00	117.00	0.00
b. <u>Insurance</u>	686.00	343.00	343.00	
c. <u>Contract services</u>	230.00	230.00	0.00	0.00
d. <u>Equipment/maintenance</u>	1701.00	1154.00	547.00	0.00
e. <u>Marketing/advertising</u>	120.00	120.00	0.00	0.00
f. _____				
36a. Total Functional Expenses (add lines 14 through 35)	21,138.00	15,207.00	5931.00	0.00

EXCESS OR DEFICIT REVENUE

36b. Total Revenue (line 13) less Total Functional Expenses (line 36A)	36b	10,302.00
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Wisconsin Department of Safety and Professional Services

PART III BALANCE SHEETS Note: Where required, attach schedules.	Beginning of Year		End of Year
ASSETS			
37. Cash -- noninterest bearing	1,147.00	37	11,505.00
38. Savings and temporary cash investments	0	38	0
39. a. Accounts receivable	0		
b. Less: allowance for doubtful accounts			
40. a. Pledges receivable	0		
b. Less: allowance for doubtful accounts			
41. Grants receivable	0	41	0
42. Receivables due from officers, directors, trustees and principal salaried employees (attach schedule)	0	42	0
43. a. Other notes and loans receivable	0		
b. Less: allowance for doubtful accounts			
44. Inventories for sale or use	0	44	0
45. Prepaid expenses and deferred charges	0	45	0
46. Investments--securities (attach schedule)	0	46	0
47. a. Investments--land, bldgs & equip: basis	0		
b. Less: accumulated depreciation (attach sched)			
48. Investments--other (attach schedule)	0	48	0
49. a. Land, buildings and equipment: basis	0		
b. Less: accumulated depreciation (attach sched)			
50. Other assets (describe: <u>security deposit</u>)	1,000.00	50	1,000.00
51a. Total assets (add lines 37 through 50)	2,147.00	51a	12,505.00
51b. Other changes in net assets	//////////////////// ////////////////////	51b	0
LIABILITIES			
52. Accounts payable and accrued expenses	0	52	0
53. Grants payable	0	53	0
54. Support and revenue designated for future periods	0	54	0
55. Loans from officers, directors, trustees, and key employees (attach schedule)	0	55	0
56. Mortgages and other notes payable (attach schedule)	0	56	0
57. Other liabilities (describe: _____)	0	57	0
58. Total liabilities (add lines 52 through 57)	0	58	0
59. Net Worth: Total assets (line 51) minus Total liabilities (line 58)	2,147.00	59	12,505.00

PLEASE TYPE OR PRINT IN INK

NAME OF INDIVIDUAL TO CONTACT REGARDING INFORMATION ON THIS FORM Deborah Blackwell	DAYTIME TELEPHONE NUMBER (262) 812-7560
ADDRESS (NUMBER AND STREET) 121 W. Center St.	
CITY OR TOWN, STATE, ZIP CODE Whitewater, WI 53190	

Wisconsin Department of Safety and Professional Services

ADDITIONAL QUESTIONS	YES	NO
60. Did your organization receive contributions over \$400,000 during the fiscal year? If so, you must file an audited financial statement and the opinion of an independent certified public accountant on the financial statement. If your organization received over \$200,000 in contributions, a review by an independent certified public accountant is required.		x
61. Have you attached a list of all officers, directors, trustees and the principal salaried employees? Include their name, address, title, and the date their term ends. Compensation must be clearly stated.	x	
62. Have you attached all schedules as required on lines 8, 9c, 10, 11c, 12, 14, 15, 16, 34, 42, 46, 48, 49b, 55, and 56?	x	
63. For solicitation in Wisconsin, did your organization use a professional fund-raiser or fund-raising counsel or did your organization pay a person to solicit contributions, other than a salaried officer or employee of your organization? If yes, indicate name and address.		x
64. Has there been a name change of the organization, change of address of the principal office or any branch office located in Wisconsin, change in the accounting period , change in the names of the persons within the organization who have final authority for custody or final distribution of contributions, or change in the articles, by-laws or statement of purpose? If yes, and not already submitted within 30 days, as required, give changes and attach document. If a corporation, and the name has changed, you must attach a copy of the name change amendment.		x
65. Is your organization authorized by any other governmental authority to solicit contributions? If yes, provide name and address of governmental authority.	x	
66. Has your organization ever had its authority to solicit contributions denied, suspended, revoked or enjoined by a court or other governmental authority? If yes, attach an explanation.		x
67. Do you intend to accumulate an increasing surplus in net worth, rather than spend current revenue on the organization's stated purpose? If yes, attach an explanation.		x
68. Did the organization make a grant, award, or contribution to any organization in which any of its officers or directors hold an interest; or was it a party to any transaction in which any of its directors, trustees or officers has a material financial interest; or did any officer or director receive anything of value not reported above as compensation? If yes to any of the above, attach an explanation.		x
69. Does your organization solicit contributions under any name other than the name listed in the first blank space on page 1? If yes, list here any additional name(s).		x

DESCRIBE THE CHARITABLE PURPOSE OR PURPOSES FOR WHICH CONTRIBUTIONS WILL BE USED OR ATTACH A DOCUMENT WHICH PROVIDES SUCH INFORMATION. Contributions are used for daily operation such as art supplies, office supplies, rent/utilities, insurance, etc. Studio 84 is a community art studio and gallery.

CERTIFICATION - TWO DIFFERENT SIGNATURES ARE REQUIRED BY LAW

We swear and affirm that we have reviewed this report, including the accompanying schedules and statements, and to the best of our knowledge the information furnished is true, correct and complete.

Date	Title Director	Signature of President or Authorized Officer
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Date	Title Co-director	Signature of Chief Fiscal Officer
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Information copy. Do not send to IRS.

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

Electronic Notice (e-Postcard)
 for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No. 1545-2085

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 1/1/2011, and ending 12/31/2011.

B Check if applicable

- Terminated, Out of Business
 Gross receipts are normally \$50,000 or less

C Name of organization: STUDIO 84 INC
 d/b/a: Studio 84

121 W Center St
Whitewater, WI, US, 53190

D Employer Identification Number
26-1647924

E Website:

www.studio84inc.org

F Name of Principal Officer: Deborah Blackwell

5692 Bailey Rd
Delavan, WI, US, 53115

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.