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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

## 2012

**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 2012 calendar year, or tax year beginning** , 2012, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Studio Two Three</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>1617 West Main Street</b> City or town, state or country, and ZIP + 4 <b>Richmond, VA 23220</b>	<b>D</b> Employer identification number <b>27-0876594</b> <b>E</b> Telephone number <b>804-358-5508</b> <b>F</b> Group Exemption Number ▶
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**G** Accounting Method  Cash  Accrual Other (specify) ▶

**I Website:** ▶ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

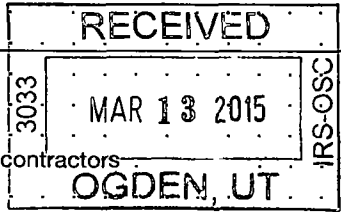
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization 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 ▶ \$ **51667**

**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

SCANNED MAR 18 2015

	Description	Code	Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	15117
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	25873
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<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>	0
	<b>b</b> Gross income from fundraising events (not including \$ 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>	5700
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	0	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	5700	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	0	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	4977	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	51667	
<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>	0
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	6143
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	26699
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	332
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	18576
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	51750
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-82
	<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>	9527
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	9445



JB 18

<b>Part II Balance Sheets</b> (see the instructions for Part II)		(A) Beginning of year	(B) End of year
Check if the organization used Schedule O to respond to any question in this Part II <input checked="" type="checkbox"/>			
22	Cash, savings, and investments	6329	7848
23	Land and buildings	0	0
24	Other assets (describe in Schedule O)	3198	1597
25	<b>Total assets</b>	9527	9445
26	<b>Total liabilities</b> (describe in Schedule O)	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	9527	9445

<b>Part III Statement of Program Service Accomplishments</b> (see the instructions for Part III)		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Check if the organization used Schedule O to respond to any question in this Part III <input checked="" type="checkbox"/>			
What is the organization's primary exempt purpose? <u>See Schedule O</u>			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	<b>Artist Usage - See Schedule O</b>		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	18446
29	<b>Workshops &amp; Demonstrations - See Schedule O</b>		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4553
30	<b>Openings &amp; Outreach - See Schedule O</b>		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	19190
31	<b>Other program services</b> (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	42189

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> List each one even if not compensated (see the instructions for Part IV)				
Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>				
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Sabrina Murdoch Kitt 1617 West Main Street, Richmond, VA 23220	Chairperson, 4	0	0	0
Jonathan Henderl 1617 West Main Street, Richmond, VA 23220	Vice Chair, 4	0	0	0
Sarah Moore 1617 West Main Street, Richmond, VA 23220	Secretary, 4	0	0	0
Christine Krawczel 1617 West Main Street, Richmond, VA 23220	Treasurer, 4	0	0	0
Ashley Hawkins 1617 West Main Street, Richmond, VA 23220	Executive Director, 10	0	0	0
John Blatter 1617 West Main Street, Richmond, VA 23220	Board Member, 2	0	0	0
Laurie Carnohan 1617 West Main Street, Richmond, VA 23220	Board Member, 2	0	0	0
Bird Cox 1617 West Main Street, Richmond, VA 23220	Board Member, 2	0	0	0
Tyler Dawkins 1617 West Main Street, Richmond, VA 23220	Board Member, 2	0	0	0
Emily Gannon 1617 West Main Street, Richmond, VA 23220	Board Member, 2	0	0	0
Kate Redding 1617 West Main Street, Richmond, VA 23220	Board Member, 2	0	0	0
Maxwell Perry 1617 West Main Street, Richmond, VA 23220	Board Member, 2	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 ▶ None

**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 ▶ None

**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

<b>Sign Here</b>		Date <u>3-2-15</u>
	<b>Ashley Hawkins, Executive Director</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

**2012**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Studio Two Three

Employer identification number

27-0876594

**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—Non-functionally integrated
- 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 monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<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 . . . . .						
<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.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<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						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	

**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**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2012.</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—2011.</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—2012.</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—2011.</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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			5040	32544	15117	52701
<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			12892	17165	36550	66607
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513			0	0	0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge			0	0	0	0
<b>6 Total.</b> Add lines 1 through 5			17932	49709	51667	119308
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons			0	0	0	
<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			0	34726	0	34726
<b>c</b> Add lines 7a and 7b			0	34726	0	34726
<b>8 Public support.</b> (Subtract line 7c from line 6.)						84582

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6			17932	49709	51667	119308
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			0	0	0	0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			0	0	0	0
<b>c</b> Add lines 10a and 10b			0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)			17932	49709	51667	119308
<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 checked="" type="checkbox"/>						

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	16	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
<b>19a 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

STUDIO TWO THREE

EIN 27-0876594

Form 990-EZ YEAR: 2012

**AMENDED Form 990-EZ STATEMENT – SUPPLEMENT TO SCHEDULE O**

Studio Two Three is amending Form 990-EZ to correct an error in reporting beginning and ending Other Assets and Total Liabilities.

*The correct amounts should be:*

***Part II, Line 24A – Other Assets Beginning \$3198***

***Part II, Line 24B – Other Assets Ending \$1597***

***Part II, Line 26A – Total Liabilities Beginning \$0***

***Part II, Line 26B – Total Liabilities Ending \$0***

An error was inadvertently made in the originally filed return. This error included in Studio Two Three's balance sheet, assets not owned and liabilities not owed. These items should never have been included in any filings for the organization.

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

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

OMB No 1545-0047

**2012**

**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

Studio Two Three

27-0876594

**Part I, Line 9 - Other Revenue**

In-Kind Donations - 4594; Miscellaneous Income - 383

**Part I, Line 16 - Other Expense**

Operations Expenses - 5998; Office Supplies - 545; Insurance - 2462; Marketing & Fund Development - 1425; Travel & Training - 56

Membership Expense - 25; Depreciation - 1600; Cost of Artist Sales - 1423; Business & Service Charges - 447;

In-Kind Expenses - 4594

**Part II, Line 24 - Other Assets**

Security Deposit - 1150; Net Fixed Assets - 447

**Part II, Line 26 - Other Liabilities**

NONE

**Part III - Primary Exempt Purpose**

Studio Two Three is an energized and evolving artistic community that facilitates production, education and innovation in printmaking by providing an accessible workspace and engaging the public through workshops, exhibitions and outreach.

**Part III, Line 28 - Artist Usage**

S23 is the only fully equipped printmaking workshop in Richmond S23 provided 20 artists with 24-hour access to a professional studio with presses, basic tools, workspace for designing and executing prints, and personal lockers and flat files to store work and materials. S23 facilities support intaglio, relief, lithography, and screenprinting. S23 is also home to Safelight Community Darkroom, the only open-access communal darkroom for black and white photography in Richmond. By providing artists with an affordable, professional and supportive workspace, S23 enabled artists to explore and cultivate new work and engage in artistic dialogue with fellow artists in the Richmond community. S23 also offers open studio hours which enabled anyone interested to tour the facility, learn about the art of printmaking, and use the studio

**Part III, Line 29 - Workshops & Demonstrations**

On the First Friday of every month, Studio Two Three offered a free printmaking workshop that allowed the public to participate in inventive experiences that involve personal creative expression. Individuals left each of these workshops with a piece of art that they have printed by hand. In addition to these workshops, Studio Two Three offers unique educational programs in which professional artists bring the art of printmaking to K-12 classrooms, nonprofit community organizations, galleries and museums, and other educational venues throughout

Name of the organization

**Studio Two Three**

Employer identification number

**27-0876594**

**Part III, Line 29 - Workshops contd.**

**Richmond. S23 also partnered with the Visual Arts Center to host etching classes, provide weekly letterpress instruction to the community, and offer the general public the opportunity to print their own hand-pulled posters at the first annual Print Harvest event.**

**Part III, Line 30 - Openings & Outreach**

**S23 focuses on cultivating and sustaining partnerships in the Richmond nonprofit community. S23's leadership is focused on offering the unique services available through the studio to valuably contribute to the arts programming offered by other local nonprofits. S23 partnered with Art180 to teach printmaking at the annual Jonny-Z Fest, as well as provided free printing services to help Art180 promote its programming for Richmond youth. Additionally, S23 has hosted the Visual Arts Center's A Space of Her Own (SOHO) program, teaching girls from Gilpin Court and their mentors the process of screenprinting, and enabling each girl to leave with her own hand-printed tote bag. S23 worked with Church Hill Academy, a nonprofit high school serving at-risk youth in Richmond city, to teach students various printmaking techniques every Friday afternoon. In this program, students learn not only technical skills, but to use their own creativity to make work expressing their lives and interests, included printed shirts and a large-scale mural to be publicly installed on a building in the students' community. S23's gallery facility, Gallery Two Three, is Richmond's primary source for fine art prints and features the work of exceptional local and national printmakers. Every month, Gallery Two Three featured an exhibit of innovative, professional contemporary prints. In January 2012, S23 improved its gallery facility to add 50% more exhibition space to better accommodate additional artist exhibitors. The Gallery takes no commission from exhibition sales, allowing individual artists to derive the largest benefit possible from the sale of their work and community members to become art patrons.**

**Part IV, List of Officers, Directors, Trustees and Key Employees**

**a) Jacob Urbanski, 1617 W. Main Street, Richmond, VA 23220**

**b) Board Member, 2 hours week; c) 0; d) 0; e) 0**