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Form **990-EZ****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2009 calendar year, or tax year beginning , and ending		<b>D</b> Employer identification number 52-2275407	
<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 type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions</b>	<b>C</b> Name of organization ACCESS ART, INC	
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 2446 WASHINGTON BLVD	
		City, town, or country State ZIP + 4 BALTIMORE MD 21230	
		<b>E</b> Telephone number (443) 831-3011	
		<b>F</b> Group Exemption Number ►	

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

**G** Accounting Method ☐ Cash ☒ Accrual  
Other (specify) ►

**I** Website: ► N/A**J** Tax-exempt status (check only one)— ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 63,291

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	58,593
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	0
	6b	Less direct expenses other than fundraising expenses	6b	0
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ► See Attached Statement)	8	4,698	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	63,291	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	22,435
	13	Professional fees and other payments to independent contractors	13	1,782
	14	Occupancy, rent, utilities, and maintenance	14	4,168
	15	Printing, publications, postage, and shipping	15	495
	16	Other expenses (describe ► See Attached Statement)	16	25,274
	17	<b>Total expenses.</b> Add lines 10 through 16	17	54,154
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,137
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	27,714
	20	Other changes in net assets or fund balances (attach explanation)	20	-74
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	36,777

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,316	22 17,061
23 Land and buildings		23
24 Other assets (describe ► See Attached Statement)	25,398	24 25,398
25 <b>Total assets</b>	27,714	25 42,459
26 <b>Total liabilities</b> (describe ► See Attached Statement)	0	26 5,682
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	27,714	27 36,777

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

Form **990-EZ** (2009)

(HTA)

94 23



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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ MD		
42 a	The organization's books are in care of ▶ MARSHALL CLARKE Telephone no ▶ (443) 831-3011 Located at ▶ 2446 WASHINGTON BLVD City BALTIMORE ST MD ZIP + 4 ▶ 21230		
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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
	42b		X
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 ▶		X
	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 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
- 49 a** 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 "

	Yes	No
<b>46</b>		X
<b>47</b>		X
<b>48</b>		X
<b>49a</b>		X
<b>49b</b>		

(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
Name <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0

**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
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		

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

<b>Sign Here</b>	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.			
	Signature of officer <u>Marshall Clarke</u>		Date <u>5/18/10</u>	
	Type or print name and title <u>MARSHALL CLARKE, Executive Director</u>			
<b>Paid Preparer's Use Only</b>	Preparer's signature <u>DIANE BOYER</u>	Date <u>5/16/2010</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>DIANE BOYER</u> <u>263 SCOTTS MANOR DRIVE, GLEN BURNIE, MD 21061</u>	EIN <u>                    </u>	Phone no <u>(410) 761-0146</u>	

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

☒ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

ACCESS ART, INC

Employer identification number

52-2275407

**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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	35,824	14,078	7,827	8,761	58,593	125,083
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
<b>4 Total.</b> Add lines 1 through 3	35,824	14,078	7,827	8,761	58,593	125,083
<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						125,083

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	35,824	14,078	7,827	8,761	58,593	125,083
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
<b>11 Total support.</b> Add lines 7 through 10						125,083

**12** Gross receipts from related activities, etc. (see instructions)**12****13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	100.00%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	100.00%

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒**b 33 1/3% support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐**17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐**b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		14,078	7,827	8,761	58,593	89,259
<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	0	0				0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	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
<b>6</b> <b>Total.</b> Add lines 1 through 5	0	14,078	7,827	8,761	58,593	89,259
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						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
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8</b> <b>Public support</b> (Subtract line 7c from line 6)						89,259

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	0	14,078	7,827	8,761	58,593	89,259
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	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
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0	14,078	7,827	8,761	58,593	89,259

**14** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0 00%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	0 00%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 00%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	0 00%

- 19a** **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐
- b** **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or 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 IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions	1	480
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8	FEES FOR SERVICES	8	800
9	OTHER - SEE STATEMENT	9	6,313
10	OTHER - SEE STATEMENT	10	51,000
11	Total	11	58,593

<b>Line 10</b>		<b>Total:</b>	51,000
1		1	7,000
2		2	10,000
3		3	1,500
4		4	22,500
5		5	10,000

<b>Line 9</b>		<b>Total:</b>	6,313
1		1	1,313
2		2	5,000
3		3	
4		4	
5		5	

<b>Line 13</b>		<b>Total:</b>	1,782
1	ARTIST FEES	1	420
2	CONTRACT LABOR	2	1,080
3	ACCOUNTING	3	150
4	CONSULTING	4	132
5		5	

<b>Line 14</b>		<b>Total:</b>	4,168
1	RENT	1	2,050
2	PERMIT	2	363
3	REPAIRS & MAINTENANCE	3	188
4	UTILITIES	4	1,567
5		5	

<b>Line 15</b>		<b>Total:</b>	495
1	COPYING & SUPPLIES	1	370
2	SCANNING	2	6
3	POSTAGE	3	119
4		4	
5		5	

Part I, Line 8 (990-EZ) - Other Revenue 4,698

Description		Amount
1	EXPENSE REIMBURSEMENTS	4,374
2	PURCHASE REFUND	165
3	SALE OF ART WORK	159
4		
5		
6		
7		
8		
9		
10		

**Part I, Line 16 (990-EZ) - Other Expenses**

25,274

1	Travel	1	
2	Meals and entertainment	2	61
3	Fundraising	3	273
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	BANK SERVICE FEES	13	108
14	DUES & SUBSCRIPTIONS	14	125
15	AUTO INSURANCE	15	1,247
16	D&O INSURANCE	16	333
17	EMPLOYER POLICY	17	437
18	LIABILITY INSURANCE	18	2,088
19	UMBRELLA INSURANCE	19	500
20	WORKMENS COMP	20	356
21	PAYROLL TAXES	21	1,716
22	UNEMPLOYMENT TAX	22	470
23	LEGAL	23	57
24	INTERNET	24	40
25	AUTO EXPENSE	25	3,569
26	PROGRAM EXPENSES - SUPPLIES	26	680
27	PROGRAM EXPENSES - EQUIPMENT	27	6,506
28	PROGRAM EXPENSES - SNACKS	28	1,460
29	PROGRAM EXPENSES - SUPPLIES	29	1,114
30	PROGRAM EXPENSES - GIFT	30	40
31	PROGRAM EXPENSES - PHOTO SUPPLIES	31	2,821
32	PROGRAM EXPENSES - ART SUPPLIES	32	69
33	STIPEND	33	732
34	BUILDING SUPPLIES	34	192
35	PAYROLL SERVICE	35	96
36	ADVERTISING/MARKETING	36	184
37		37	

**Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances**

-74

Description		Amount
1	1/2 MEALS ADJUSTMENT	-62
2	BALANCE BOOKS FROM PRIOR YEAR	-12
3		
4		
5		
6		
7		
8		
9		
10		

Part II, Line 24 (990-EZ) - Other Assets

		25,398	25,398
Description		Beginning	End
1	EQUIPMENT	2,963	2,963
2	AUTOMOBILES	0	
3	LEASEHOLD IMPROVEMENTS	22,435	22,435
4			
5			
6			
7			
8			
9			
10			

**Part II, Line 26 (990-EZ) - Liabilities**

0 5,682

Description		Beginning	End
1	PAYROLL LIABILITIES		5,027
2	CREDIT CARD		655
3			
4			
5			
6			
7			
8			
9			
10			

# Access Art, Inc.

Community Enhancement through Creativity

## Current List of Board of Directors

### **Board President / Term: to Jan 2011 / With Access Art since 2008**

#### **Esha Janssens, The Associated.**

Esha Janssens-Sannon brings experience in both community arts and web design. She has direct classroom experience and has taught at several arts related non-profits in Baltimore including Youthlight and Wide Angle Youth Media. She currently works as a web designer with The Associated: Jewish Federation of Baltimore and prior to that, worked as a Project Manager with idfive, a Baltimore based web design agency.

### **Board Treasurer / Term: to Jan 2011 / With Access Art since 2008**

#### **Lucinda Morreale, Ladderback Design.**

Ladderback's principle designer and founder, Lucinda Morreale, has a strong commitment to client's needs and passion for design, drawing, textiles and sculpture. Ladderback Design has been thriving since 2001 in the fields of graphic design and illustration. Deeply involved with the community, Ladderback has had the opportunity to participate in many projects that have been inspirational in creative and altruistic ways, especially in health care, arts and education.

### **Board Secretary / Term: to Jan 2011 / With Access Art since 2008**

#### **Elizabeth Wexler, Health Care for the Homeless.**

Ms. Wexler has been a licensed social worker for 18 years, during which time she has engaged in program planning and development for both adults and youth. She is currently the Intake Services Coordinator at Health Care for the Homeless, as well as a kids yoga instructor. Ms. Wexler is passionate about the role of art in healing and activism, both on an individual and large scale.

### **Board Member / Term: to Jan 2011 / With Access Art since 2008**

#### **Andy Herbick, Ellin & Tucker, Chartered.**

Mr. Herbick is a CPA with 16 years of experience in public accounting, the majority of which has been spent with the regional Mid-Atlantic public accounting firm, Ellin & Tucker, Chartered. Andy has worked as both an employee and a director of the Downtown Sailing Center, a non-profit community sailing center located on Baltimore's Inner Harbor, where he developed, managed, and supervised youth programs and outreach programs aimed at at-risk children and people with disabilities. He is also a part-time freelance commercial, events, and fine art photographer.

### **Board Member / Term: to Jan 2011 / With Access Art since 2008**

#### **Shawn James, Baltimore Office of Promotion and the Arts.**

Mr. James is the Community Arts Coordinator at the Office of Baltimore Promotion and the Arts. He has a Masters in Fine Arts from the Maryland Institute College of Art and is an original Board Member of Access Art. Mr James has as extensive experience in arts based youth development work and founded Mural Masters, an after school mural program that empowers youth to beautify their communities through the creation of murals in Baltimore City.

### **Board Member / Term: to Jan 2011 / With Access Art since 2009**

#### **Mary Pat Brygger, Consultant, Brygger and Associates**

Ms. Brygger is a consultant with Brygger and Associates and provides consultation to non-profits in the area of planning, administration, fund development, program development, and community relations. She helped found and has been the Executive Director of several non-profit organizations. She was the Director of Maryland's Crime Victim's Program in the Governor's Office of Crime Control and Prevention from 1995 - 1997, and has helped organizations develop policy and advocacy initiatives at the local, state and national levels.

### **Board Member / Term: to Jan 2011 / With Access Art since 2000**

#### **Tony Shore, Professor Maryland Institute College of Art**

Mr. Shore is the founder and former Executive Director of Access Art. He has masters in painting from Yale University. Mr Shore is a distinguished independent artist, known throughout the Northeast region. He grew up in Morrell Park and continues to have deep connections to the community. Mr Shore was instrumental in the transformation of the old Enoch Pratt Library where he drew as a youth into Access Art.



Form **8868**

(Rev. April 2009)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b> <small>File by the due date for filing your return. See instructions</small>	Name of Exempt Organization <b>ACCESS ART, INC</b>	Employer identification number <b>52-2275407</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>2446 WASHINGTON BLVD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>BALTIMORE MD 21230</b>	

**Check type of return to be filed** (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **MARSHALL CLARKE 2446 WASHINGTON BLVD BALTIMORE MD 21230**

Telephone No ▶ **(443) 831-3011** FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **8/15/2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for ▶ ☒ calendar year **2009** or ▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$ <b>0</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.  
(HTA)

Form **8868** (Rev 4-2009)