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2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning		, and ending	
<input type="checkbox"/> 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		C Name of organization ACCESS ART, INC <small>Number and street (or P O box, if mail is not delivered to street address)</small> <small>2446 WASHINGTON BLVD</small> <small>City, town, or country</small> BALTIMORE <small>State</small> MD <small>ZIP + 4</small> 21230	
		D Employer identification number 52-2275407	
		E Telephone number (443) 831-3011	
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		F Group Exemption Number ►	
I Website: ► N/A		G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	
J Tax-exempt status (check only one)— <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
K Check ► <input type="checkbox"/> 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)

	Description	Amount	
		1	2
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
b	Less cost or other basis and sales expenses	5b	0
c	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	0
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	0
b	Less direct expenses other than fundraising expenses	6c	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less cost of goods sold	7c	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	4,698
8	Other revenue (describe ► See Attached Statement)	9	63,291
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	0
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	22,435
12	Salaries, other compensation, and employee benefits	13	1,782
13	Professional fees and other payments to independent contractors	14	4,168
14	Occupancy, rent, utilities, and maintenance	15	495
15	Printing, publications, postage, and shipping	16	25,274
16	Other expenses (describe ► See Attached Statement)	17	54,154
17	Total expenses. Add lines 10 through 16	18	9,137
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	27,714
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)	20	-74
20	Other changes in net assets or fund balances (attach explanation)	21	36,777
21	Net assets or fund balances at end of year Combine lines 18 through 20		

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

	Description	Amount	
		(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	Total assets	27,714	25 42,459
26	Total liabilities (describe ► See Attached Statement)	0	26 5,682
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,714	27 36,777

99 23

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? COMM ENHANCEMENT THRU CREATIVITY

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

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

28	THROUGH THE DEVELOPMENT OF OUR COMMUNITY ARTS CENTER WE TARGET YOUTH IN SOUTHWEST BALTIMORE WHO ARE AT RISK OF DRUG INVOLVEMENT JUVENILE CRIMINAL ACTIVITIES AND LOW ACADEMIC ACHIEVEMENT (Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	39,626
29	BY PROVIDING A SAFE ENGAGING ENVIRONMENT AND AN OPPORTUNITY TO EXPERIENCE THE CREATIVE PROCESS OF ART MAKING, THESE YOUTH DEVELOP VALUABLE ART RELATED VOCATIONAL SKILLS, SELF CONFIDENCE (Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	0
30	AND SELF WORTH AND A WAY TO REALIZE PERSONAL ACHIEVEMENT (Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	0
32	Total program service expenses, (add lines 28a through 31a) ► <input type="checkbox"/>	32	39,626

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Yes No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 Yes No

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 35a Yes No

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? 35b Yes No

b If "Yes," has it filed a tax return on Form 990-T for this year? 36 Yes No

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 Yes No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a Yes No

b Did the organization file Form 1120-POL for this year? 37b Yes No

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? 38a Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Yes No

39 Section 501(c)(7) organizations Enter 39a Yes No

a Initiation fees and capital contributions included on line 9 39b Yes No

b Gross receipts, included on line 9, for public use of club facilities 40b Yes No

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 40a Yes No

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Yes No

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 40c Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d Yes No

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e Yes No

41 List the states with which a copy of this return is filed ► MD Yes No

42 a The organization's books are in care of ► MARSHALL CLARKE Telephone no ► (443) 831-3011 Yes No

Located at ► 2446 WASHINGTON BLVD City BALTIMORE Yes No ST MD Yes No ZIP + 4 ► 21230 Yes No

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 ► 42b Yes No

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c Yes No

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 ► 42d Yes No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A Yes No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 Yes No

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 45 Yes No

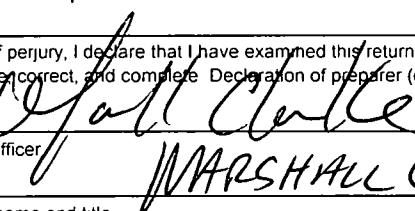
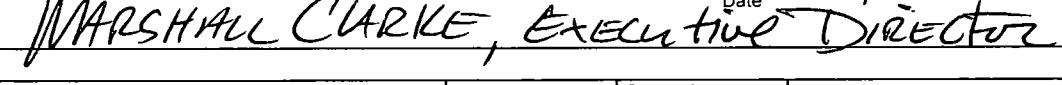
Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000			(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None	Str		Title			
City	ST	ZIP	Hr/WK	00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	00	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 None	Str			
City	ST	ZIP		
Name	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	► _____			

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	►  Signature of officer	Date 5/18/10	Preparer's identifying number (See instructions)
►  Type or print name and title MARSHALL CLARKE, Executive Director		Check if self-employed <input checked="" type="checkbox"/>	EIN ►
Paid Preparer's Use Only	Preparer's signature DIANE BOYER	Date 5/16/2010	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ► DIANE BOYER 263 SCOTTS MANOR DRIVE, GLEN BURNIE, MD 21061		Check if self-employed <input checked="" type="checkbox"/>	EIN ►
		Phone no ► (410) 761-0146	Phone no ► (410) 761-0146

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?
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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
Total									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
1 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
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	35,824	14,078	7,827	8,761	58,593	125,083
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						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
7 Amounts from line 4	35,824	14,078	7,827	8,761	58,593	125,083
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0				0
11 Total support. 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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	100 00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	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	► <input checked="" type="checkbox"/>	
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions	► <input type="checkbox"/>	

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		14,078	7,827	8,761	58,593	89,259
2 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
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	0	14,078	7,827	8,761	58,593	89,259
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (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
9 Amounts from line 6	0	14,078	7,827	8,761	58,593	89,259
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
13 Total support. (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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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.

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

Line 10

1	1	7,000
2	2	10,000
3	3	1,500
4	4	22,500
5	5	10,000

Line 9

1	1	1,313
2	2	5,000
3	3	
4	4	
5	5	

Line 13

1 ARTIST FEES	1	420
2 CONTRACT LABOR	2	1,080
3 ACCOUNTING	3	150
4 CONSULTING	4	132
5	5	

Line 14

1 RENT	1	2,050
2 PERMIT	2	363
3 REPAIRS & MAINTENANCE	3	188
4 UTILITIES	4	1,567
5	5	

Line 15

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

	Description	Beginning	25,398	25,398
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

	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.

Application for Extension of Time To File an
Exempt Organization Return

► 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 and click on e-file for Charities & Nonprofits

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

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

3 a 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	3a \$
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	3b \$
c Balance Due. 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	3c \$ 0

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