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Short Form

Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning

JAN 1 2010

, and ending

DEC 31 2010

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

ACCESS ART, INC

Number and street (or P O box, if mail is not delivered to street address)

D Employer identification number

2446 WASHINGTON BLVD

52-2275407

City or town

state or county

ZIP + 4

E Telephone number

BALTIMORE

MD

21230

(443) 831-3011

F Group Exemption

Number ►

G Accounting Method

 Cash Accrual

Other (specify) ►

I Website: ► N/A

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 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets

(Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

106,372

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

1	Contributions, gifts, grants, and similar amounts received	1	105,705
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe in Schedule O)	8	667
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	106,372
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	57,242
13	Professional fees and other payments to independent contractors	13	4,151
14	Occupancy, rent, utilities, and maintenance	14	5,594
15	Printing, publications, postage, and shipping	15	879
16	Other expenses (describe in Schedule O)	16	35,596
17	Total expenses. Add lines 10 through 16	17	103,462
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,910
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	36,777
20	Other changes in net assets or fund balances (explain in Schedule O)	20	465
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	40,152

Balance Sheets. (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	17,061	22 20,131
23 Land and buildings		23
24 Other assets (describe in Schedule O)	25,398	24 24,023
25 Total assets	42,459	25 44,154
26 Total liabilities (describe in Schedule O)	5,682	26 4,002
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,777	27 40,152

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

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

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 \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	
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 \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30	AND SELF WORTH AND A WAY TO REALIZE PERSONAL ACHIEVEMENT		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses. (add lines 28a through 31a)		0

List of Officers, Directors, Trustees, and Key Employees. 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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARSHALL CLARKE	Title EX DIR			
2324 BUTLER ROAD BUTLER MD 21023	Hr/WK	20 00	5,175	
SEE ATTACHED LIST OF OFFICERS/DIRECTORS	Title			
	Hr/WK	00		
	Title			
	Hr/WK	00		
	Title			
	Hr/WK	00		
	Title			
	Hr/WK	00		
	Title			
	Hr/WK	00		
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	Hr/WK	00		
	Title			

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 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, explain in Schedule O why the organization did not report the income on Form 990-T 35 X

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a X

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 35b X

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 36 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? 37b 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 tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 40b X

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40e X

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 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 40b X

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40b X

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 40b 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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? Yes No

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. 45 X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 X

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 47	<input checked="" type="checkbox"/> X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input checked="" type="checkbox"/> X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	<input checked="" type="checkbox"/> X
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 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 _____ City ST ZIP _____	Title Hr/WK 00			
Name Str _____ City ST ZIP _____	Title Hr/WK 00			
Name Str _____ City ST ZIP _____	Title Hr/WK 00			
Name Str _____ City ST ZIP _____	Title Hr/WK 00			
Name Str _____ City ST ZIP _____	Title Hr/WK 00			
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 _____		
Name Str _____ City ST ZIP _____		
d Total number of other independent contractors each receiving over \$100,000 ► _____		

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer ► <i>Diane Boyer</i>		Date <i>2/24/11</i>
	Type or print name and title ► <i>MARSHALL CLARICE, Executive Director</i>		
Paid Preparer's Use Only	Print/Type preparer's name DIANE BOYER	Preparer's signature DIANE BOYER	Date 2/24/2011
	Firm's name ► DIANE BOYER	Check if self-employed <input checked="" type="checkbox"/> PTIN P00186896	
	Firm's address ► 263 SCOTTS MANOR DRIVE, GLEN BURNIE, MD 21061	Firm's EIN ►	
		Phone no (410) 761-0146	