

DORFMAN ABRAMS MUSIC, LLC
250 PEHLE AVE., SUITE 702
SADDLE BROOK, NJ 07663

ARTISTS STRIVING TO END POVERTY, INC.
165 WEST 46TH STREET NO. 1308
NEW YORK, NY 10036

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CLIENT'S COPY

DORFMAN ABRAMS MUSIC, LLC
250 PEHLE AVENUE, SUITE 702
SADDLE BROOK, NJ 07663

November 10, 2010

ARTISTS STRIVING TO END POVERTY, INC.
165 West 46th Street No. 1308
NEW YORK, NY 10036

ARTISTS STRIVING TO END POVERTY, INC.:

Enclosed is the organization's 2009 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

NEW JERSEY FORM CRI-300R RETURN:

Mail to - New Jersey Division of Consumer Affairs
Charities Registration & Investigation
P.O. Box 45021
Newark, NJ 07101

Please sign and mail Form CRI-300R on or before December 31, 2010.

No payment is required.

NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS:

Please sign and mail Form CHAR500 as soon as possible.

Mail to - New York State Department of Law
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271

Enclose a check for \$60 made payable to NYS Department of

Law. Include the organization's state registration number(s) on the remittance.

New York Form CHAR500 must be signed and dated by both of the authorized individuals. Also be sure that the attached copy of federal Form 990 has been properly signed and dated.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

ANDREW SILVERSTEIN, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2009

Prepared for	ARTISTS STRIVING TO END POVERTY, INC. 165 West 46th Street No. 1308 NEW YORK, NY 10036
Prepared by	DORFMAN ABRAMS MUSIC, LLC 250 PEHLE AVE., SUITE 702 SADDLE BROOK, NJ 07663
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

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)

Department of the Treasury
Internal Revenue Service

▶ 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

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ARTISTS STRIVING TO END POVERTY, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 165 WEST 46TH STREET 1308 City or town, state or country, and ZIP + 4 NEW YORK, NY 10036	D Employer identification number 20-4532991
		E Telephone number 212-921-1227	G Gross receipts \$ 202,148.
		F Name and address of principal officer: SUSAN VARGO SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.ASTEPONLINE.ORG

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 2006 **M State of legal domicile:** NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>ARTISTS STRIVING TO END POVERTY (ASTEP) USES THE ARTS AS A TOOL TO EMPOWER YOUNG PEOPLE WITH</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9
	5 Total number of employees (Part V, line 2a)	5 3
	6 Total number of volunteers (estimate if necessary)	6 70
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	183,821.	202,081.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16.	67.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	183,837.	202,148.

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	96,152.	118,492.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	72,910.	113,174.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	169,062.	231,666.
	19 Revenue less expenses. Subtract line 18 from line 12	14,775.	-29,518.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	315,666.	264,738.
	21 Total liabilities (Part X, line 26)	37,230.	15,595.
	22 Net assets or fund balances. Subtract line 21 from line 20	278,436.	249,143.

Part II Signature Block

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 _____ Date _____
 ▶ SUSAN VARGO, CHAIR
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 DORFMAN ABRAMS MUSIC, LLC 250 PEHLE AVE., SUITE 702 SADDLE BROOK, NJ 07663	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 201-403-9750
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
ARTISTS STRIVING TO END POVERTY (ASTEP) USES THE ARTS AS A TOOL TO
EMPOWER YOUNG PEOPLE WITH CREATIVITY, KNOWLEDGE, AND A STRONG SENSE OF
SELF-ESTEEM, FACTORS WHICH HELP THEM ADVANCE THEIR LIVES AND
COMMUNITIES. WE PROVIDE ARTISTS WITH OPPORTUNITIES TO CONNECT WITH

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 126,335. including grants of \$) (Revenue \$)
ASTEP- NEW YORK CITY, NY

ASTEP, NEW YORK CITY, ARRANGES SEVERAL OPPORTUNITIES FOR OUR VOLUNTEERS
TO PARTICIPATE IN DIFFERENT COMMUNITY SERVICE PROJECTS, FUNDRAISING AND
AWARENESS PERFORMANCES, AND OTHER LOCAL INITIATIVES. A NUMBER OF
VOLUNTEER OPPORTUNITIES ARE ALSO AVAILABLE IN AND AROUND THE NEW YORK
CITY AREA, PARTICULARLY IN THE NYC OFFICE. FROM ASSISTING WITH
BOOKKEEPING, TO HELPING WITH ASTEP DONOR DATABASE AND FUNDRAISING,
THERE ARE A RANGE OF ACTIVITIES AVAILABLE TO KEEP ASTEP VOLUNTEERS
ACTIVELY INVOLVED YEAR-ROUND.

ASTEP NYC ALSO HOSTS A VARIETY OF MEETINGS THAT ENCOMPASS VOLUNTEER
RECRUITMENT, PREPARATION AND DEBRIEFING FOR ALL OF ITS ASTEP

4b (Code:) (Expenses \$ 21,025. including grants of \$) (Revenue \$)
ASTEP- HOMESTEAD, FLORIDA

IN 2009 ASTEP AND ENFAMILIA (A COMMUNITY BASED ORGANIZATION DEDICATED
TO BUILDING HEALTHY FAMILY RELATIONSHIPS, PRESERVING CULTURAL VALUES
AND ENRICHING THE QUALITY OF LIFE THROUGH EDUCATION AND THE ARTS) FOR
THE 7TH YEAR IN A ROW PRODUCED THE ASTEP ART-IN-ACTION EXPERIENCE FOR
APPROXIMATELY 140 CHILDREN FROM THE HOMESTEAD, FLORIDA AREA. THE ASTEP
ART-IN-ACTION EXPERIENCE PROVIDES DANCE, DRAMA, MUSIC, POETRY,
PLAYWRITING, LITERATURE, VIDEO DOCUMENTARY, AND VISUAL ART WORKSHOPS
THAT NOT ONLY ENGAGE YOUNG PEOPLE IN THE JOY OF CREATING ART, BUT ALSO
ENABLE THE CHILDREN TO DEVELOP CRITICAL LIFE SKILLS, INCLUDING
SELF-ESTEEM, COMMUNICATION AND TEAMWORK. THE INTENSIVE SESSIONS ARE
CONDUCTED BY ASTEP PROFESSIONALLY TRAINED VOLUNTEER EDUCATORS WHO

4c (Code:) (Expenses \$ 39,239. including grants of \$) (Revenue \$)
ASTEP- INDIA

ASTEP CURRENTLY PARTNERS WITH THE GEORGE FOUNDATION TO PROVIDE ARTISTS
WITH THE OPPORTUNITY TO VOLUNTEER IN THEIR SHANTI BHAVAN SCHOOL.
PROJECT SHANTI BHAVAN WAS LAUNCHED IN AUGUST 1997 TO PROVIDE
EDUCATIONAL OPPORTUNITIES AND SUPPORT TO CHILDREN FROM THE POOREST
FAMILIES AND ORPHANS IN THE TAMIL NADU, ANDHRA PRADESH AND KARNATAKA
AREAS OF SOUTHERN INDIA. IT IS AN ORIGINAL PROJECT OF THE GEORGE
FOUNDATION THAT TARGETS CHILDREN FROM THE "UNTOUCHABLE" CASTE. SHANTI
BHAVAN IS, IN SIMPLE TERMS, A BOARDING SCHOOL FOR THESE CHILDREN (K-12)
OF DEPRIVED BACKGROUNDS
IN LINE WITH ASTEP'S MISSION, THE COLLABORATIVE PROJECT WITH THE GEORGE
FOUNDATION IS GROUNDED IN THE BELIEF THAT THE DELETERIOUS CONSEQUENCES

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 16,874. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 203,473.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	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)?		X
b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7g		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NY, CT, CA, MN, NC, SC, PA, OH, MA, NJ, FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ELIZABETH KONOPKA - 212-921-1227**
165 WEST 46TH STREET, SUITE 1308, NEW YORK, NY 10036

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN VARGO CHAIR	8.00	X		X				0.	0.	0.
JAIMIE MAYER VICE CHAIR	8.00	X		X				0.	0.	0.
JESSICA WALLING-STOKES SECRETARY	5.00	X		X				0.	0.	0.
LORI KELEHAN TREASURER	5.00	X		X				0.	0.	0.
TAMERA CONE BOARD MEMBER	1.00	X						0.	0.	0.
JAMES MATTHEW JONES BOARD MEMBER	1.00	X						0.	0.	0.
JONATHAN LEE BOARD MEMBER	1.00	X						0.	0.	0.
DAVID TURNER BOARD MEMBER	1.00	X						0.	0.	0.
KUMAR SELVARAJU BOARD MEMBER	1.00	X						0.	0.	0.
CYNDI LAUPER HON. BOARD MEMBER		X						0.	0.	0.
KRISTIN CHENOWETH HON. BOARD MEMBER		X						0.	0.	0.
GAVIN CREEL HON. BOARD MEMBER		X						0.	0.	0.
JOHN DOYLE HON. BOARD MEMBER		X						0.	0.	0.
RAUL ESPARZA HON. BOARD MEMBER		X						0.	0.	0.
MARY-MITCHELL CAMPBELL EXECUTIVE DIRECTOR	25.00			X				11,289.	0.	0.
ELIZABETH KONOPKA MANAGING DIRECTOR	40.00			X				45,000.	0.	0.

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	202,081.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		202,081.			
	Program Service Revenue	Business Code				
2 a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		67.		67.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		202,148.	0.	0.	67.	

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	56,289.	50,660.	5,629.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	28,500.	25,650.	2,850.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	23,180.	20,862.	2,318.	
10 Payroll taxes	10,523.	9,471.	1,052.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,500.		14,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	5,072.	4,426.	646.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	28,083.	28,083.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,500.	2,500.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,182.		1,182.	
23 Insurance	1,250.	1,250.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BOARDING EXPENSE	28,339.	28,339.		
b FOOD	8,854.	8,854.		
c MISCELLANEOUS	7,581.	7,565.	16.	
d EVENTS EXPENSE	6,879.	6,879.		
e VOLUNTEER AND STUDENT E	5,681.	5,681.		
f All other expenses	3,253.	3,253.		
25 Total functional expenses. Add lines 1 through 24f	231,666.	203,473.	28,193.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	214,078.	1	96,268.	
	2 Savings and temporary cash investments	2,431.	2	97,094.	
	3 Pledges and grants receivable, net	90,933.	3	62,575.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,225.			
	b Less: accumulated depreciation	10b 6,042.	2,365.	10c	1,183.
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11	5,859.	12	7,618.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		315,666.	16	264,738.	
Liabilities	17 Accounts payable and accrued expenses	2,230.	17	15,595.	
	18 Grants payable		18		
	19 Deferred revenue	35,000.	19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25		37,230.	26	15,595.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	194,268.	27	190,566.	
	28 Temporarily restricted net assets	84,168.	28	58,577.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	278,436.	33	249,143.	
34 Total liabilities and net assets/fund balances	315,666.	34	264,738.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

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 **ARTISTS STRIVING TO END POVERTY, INC.** Employer identification number **20-4532991**

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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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	
Total									

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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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.						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** %

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		93,912.	391,962.	183,821.	202,081.	871,776.
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		93,912.	391,962.	183,821.	202,081.	871,776.
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.
8 Public support (Subtract line 7c from line 6.)						871,776.

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		93,912.	391,962.	183,821.	202,081.	871,776.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				16.	67.	83.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				16.	67.	83.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)		93,912.	391,962.	183,837.	202,148.	871,859.

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

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

Section D. Computation of Investment Income Percentage

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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

ARTISTS STRIVING TO END POVERTY, INC.

20-4532991

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization	Employer identification number
ARTISTS STRIVING TO END POVERTY, INC.	20-4532991

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BROADWAY CARES 165 W 46TH ST NEW YORK, NY 10036	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NEWMAN'S OWN FOUNDATION 246 POST RD EAST WESTPORT, CT 06880	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MICHAEL T RIODAN FOUNDATION 16127 FOREST OAKS DR FORT MYERS, FL 33900	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE DIVA LIVING TRUST 16501 VENTURA BLVD STE 304 ENCINO, CA 91436	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MONETARY INTERNATIONAL POP FESTIVAL 39969 VILLA COSTERA MALIBU, CA 90265	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	HATHAWAY BROWN 19600 NORTH PARK BLVD SHAKER HEIGHTS, OH 44122	\$ 7,451.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ARTISTS STRIVING TO END POVERTY, INC.	Employer identification number 20-4532991
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THE ACTING COMPANY <hr/> 630 9TH AVE, SUITE 214 <hr/> NEW YORK, NY 10036 <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARTISTS STRIVING TO END POVERTY, INC.

Employer identification number

20-4532991

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		7,225.	6,042.	1,183.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,183.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	202,148.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	231,666.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-29,518.
4	Net unrealized gains (losses) on investments	4	225.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	225.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-29,293.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	219,720.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	225.
b	Donated services and use of facilities	2b	13,137.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	4,210.
e	Add lines 2a through 2d	2e	17,572.
3	Subtract line 2e from line 1	3	202,148.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	202,148.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	249,013.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	13,137.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	4,210.
e	Add lines 2a through 2d	2e	17,347.
3	Subtract line 2e from line 1	3	231,666.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	231,666.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: UNCERTAIN TAX PROVISIONS

THE FOUNDATION ADOPTED THE UNCERTAINTY IN INCOME TAXES GUIDANCE AS DESCRIBED IN FASB ASC 740-10-50-15 ON JANUARY 1, 2009. THE ADOPTION OF THAT GUIDANCE RESULTED IN NO CHANGE TO FINANCIAL STATEMENTS OF PRIOR PERIODS. AS OF DECEMBER 31, 2009, MANAGEMENT BELIEVES THAT BASED ON EVALUATION OF THE FOUNDATION'S TAX POSITIONS THAT ANY ADDITIONAL LIABILITY AS A RESULT OF UNCERTAIN TAX POSITIONS WOULD NOT BE MATERIAL. MANAGEMENT

Part XIV Supplemental Information (continued)

CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS TO ASSIST IN EVALUATING THE FOUNDATION'S TAX POSITIONS. ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, IF ANY, WOULD BE RECOGNIZED AS PART OF THE INCOME TAX PROVISION. INCOME TAX RETURNS ARE FILED IN THE U.S FEDERAL JURISDICTION, AND STATE JURISDICTIONS. U.S. FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2006 THROUGH 2009 ARE SUBJECT TO AUDIT.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND DONATIONS: 4210.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND DONATIONS: 4210.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARTISTS STRIVING TO END POVERTY, INC.

Employer identification number

20-4532991

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CREATIVITY, KNOWLEDGE, AND A STRONG SENSE OF SELF-ESTEEM, FACTORS WHICH
HELP THEM ADVANCE THEIR LIVES AND COMMUNITIES. WE PROVIDE ARTISTS WITH
OPPORTUNITIES TO CONNECT WITH GLOBAL YOUTHS, ALLOWING THEM TO USE THEIR
GIFTS TO CREATE MEANINGFUL AND EFFECTIVE CHANGE FOR YOUNG PEOPLE IN
NEED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GLOBAL YOUTHS, ALLOWING THEM TO USE THEIR GIFTS TO CREATE MEANINGFUL
AND EFFECTIVE CHANGE FOR YOUNG PEOPLE
IN NEED. ASTEP'S MAIN GOAL IS TO CREATE A COMMUNITY OF ARTISTS WHO ARE
ACTIVELY ENGAGED IN USING THEIR TALENTS TO RAISE AWARENESS ABOUT THE
PLIGHT OF THE CHILDREN WE SERVE AND TO DYNAMICALLY ASSIST BY
VOLUNTEERING AT OUR PROGRAMS. ASTEP'S HOPE IS TO CULTIVATE SAFE SPACES
IN THESE COMMUNITIES WHERE THESE CHILDREN CAN LEARN TO COMMUNICATE,
EXPRESS, AND DEVELOP CONSTRUCTIVE
DECISION-MAKING SKILLS BY USING THE ARTS AS A CATALYST AND BY
INTERACTING WITH OUR PARTICIPATING VOLUNTEER ARTISTS/TEACHERS AND LOCAL
PARTNERING ORGANIZATIONS. TOPICS RANGE FROM SELF-EMPOWERMENT AND
POSITIVE FUTURE-BUILDING TO HIV/AIDS AWARENESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EXPERIENCES. PRIOR TO VOLUNTEERING ALL ASTEP VOLUNTEER EDUCATORS
UNDERGO BRIEFING OF METHODOLOGY AND POLICIES. ASTEP HOSTS YEAR-ROUND
TRAINING FOR ITS VOLUNTEERS WHICH INCLUDES WORKSHOPS ON COLLABORATIVE
TEACHING PEDAGOGY, DOMESTIC AND SEXUAL ABUSE EDUCATION, POSITIVE ROLE

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Department of the Treasury
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MODELING AND COMMUNICATION SKILLS, ART THERAPY AND CULTURAL DIPLOMACY
AND SENSITIVITY. VOLUNTEERS INVOLVED IN THE ADMINISTRATION AND
ORGANIZATION OF THESE WORKSHOPS DONATE AROUND 3,000 VOLUNTEER HOURS PER
YEAR BETWEEN OFFICE HOURS AND HANDS-ON INTERACTION/LEARNING FOR
TRAINING.

THE INCARNATION CHILDREN'S CENTER (ICC) IS THE ONLY LICENSED PEDIATRIC
SKILLED NURSING FACILITY EXCLUSIVELY PROVIDING SPECIALIZED CARE FOR
CHILDREN AND ADOLESCENTS LIVING WITH HIV/AIDS. THESE CHILDREN REPRESENT
ALL FIVE BOROUGHES OF NEW YORK AND A GROWING NUMBER HAVE RECENTLY
EMIGRATED FROM AFRICA. THE ICC'S UNIQUE COMBINATION OF EXPERTISE AND
SUPPORT PROVIDES THESE YOUTHS AND THEIR FAMILIES WITH AN
INTERDISCIPLINARY APPROACH DESIGNED TO MEET THE CHALLENGES OF THIS
ILLNESS AND MINIMIZE ITS EFFECTS ON THE QUALITY OF LIFE. THE ICC'S MAIN
FOCUS IS ON CHILDREN WHO ARE TOO SICK TO BE CARED FOR AT HOME BUT NOT
ILL ENOUGH TO REQUIRE HOSPITALIZATION. THE CENTER HOUSES AROUND 34
CHILDREN FROM AGES 1-21. ONE OF THE CHALLENGES THE ICC FACES IS THE
TRANSITIONING AND REINTEGRATION OF THE OLDEST PATIENTS INTO ACTIVE
MEMBERS OF SOCIETY. AT 21 THESE YOUNG ADULTS ARE REQUIRED TO LEAVE THE
CENTER AND PURSUE LIVES INDEPENDENT FROM THE SHELTERED UPBRINGING OF
THE ICC.

ASTEP HAS BEEN INVITED BY LILLIE MCCARTHY, THE ICC'S THERAPEUTIC
SPECIALIST, TO PROVIDE THEIR 18-21 YEAR OLD STUDENTS WITH INTERACTIVE
ATS EXPERIENCES THAT FOCUSES ON DEVELOPING INDIVIDUAL LIVING SKILLS AND
ACTION PLANS THROUGH ARTISTIC EXPLORATIONS OF EVERYDAY LIFE, PERSONAL

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ARTISTS STRIVING TO END POVERTY, INC.

Employer identification number

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CIRCUMSTANCE AND THE POWER OF COMMUNITY. ASTEP'S VOLUNTEER EDUCATORS
COME TOGETHER WITH THESE YOUTHS TO SHARE IDEAS AND HELP CREATE
FIRST-RATE THEATRICAL PERFORMANCES IN A SAFE, SUPPORTIVE, PASSIONATE
ENVIRONMENT. IN DOING SO, THESE YOUNG ADULTS FIND THAT CREATIVITY AND
DISCIPLINE ARE NOT MUTUALLY EXCLUSIVE; THEIR DEVELOPMENT IN THE
CLASSROOM AND ONSTAGE WILL BE MIRRORED BY THE OFFSTAGE DEVELOPMENT OF
IMPROVED WORK HABITS, INCREASED PROBLEM-SOLVING ABILITIES, AND POWERFUL
DEDICATION TO TEAM WORK.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
DONATED OVER 10,000 VOLUNTEER WORK HOURS TO LEAD THE TWO MONTH-LONG,
AGE-SPECIFIC SESSIONS. JUNE WORKSHOPS ARE FOR MIDDLE-SCHOOL CHILDREN
AGES 10-13 AND JULY CATERS TO HIGH-SCHOOL STUDENTS AGES 14-18.

ASTEP AND ENFAMILIA HAVE DEVELOPED AND REFINED A CURRICULUM MODEL THAT
POSITIVELY IMPACTS THE LIVES OF THE YOUNG PARTICIPANTS BEYOND THEIR
TIME IN THE PROGRAM. IN ORDER TO ELIMINATE ECONOMIC BARRIERS TO
PARTICIPATION, THE EXPERIENCE IS OFFERED FREE OF CHARGE FOR ALL
CHILDREN INVOLVED.

ASTEP AND ENFAMILIA ALSO PRODUCE/MAINTAIN THE GROUP LEADERSHIP PROGRAM
WHICH PROVIDES YEAR-ROUND MENTORSHIP, TRANSITIONAL TRAINING AND COLLEGE
APPLICATION ASSISTANCE TO OUR 16-18 YEAR OLD YOUTH WHO HAVE BEEN
STUDENTS OF THE ASTEP ART-IN-ACTION EXPERIENCE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

SCHEDULE O
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Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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ARTISTS STRIVING TO END POVERTY, INC.

Employer identification number

20-4532991

OF EXTREME POVERTY CAN BE OVERCOME IF THE PROBLEMS ARE TACKLED IN THE
EARLY STAGES OF A CHILD'S DEVELOPMENT. IN 2009 ASTEP SENT 12 VOLUNTEER
EDUCATORS, SEVERAL OF WHOM SPENT 2 MONTHS OR MORE DELIVERING ASTEP®
CURRICULUM AND BRINGING A VITAL LIVING ARTS COMPONENT TO THE SCHOOL.
THEY EXPOSED THE CHILDREN TO NEW MANY ART FORMS SUCH AS PUPPETRY,
OPERA, HIP-HOP AND TANGO AS WELL AS ADMINSTRATED ACADEMIC SUBJECTS IN
THE AREAS OF ENGLISH LITERATURE & GRAMMAR, MATH, SCIENCE, HISTORY AND
SOCIAL STUDIES. ASTEP VOLUNTEERS ALSO COLLABORATIVELY TAUGHT AND LED
SEVERAL WORKSHOPS ON SELF ACTUALIZATION, MAINTAINING HEALTHY
RELATIONSHIPS; LIFE OUTSIDE OF SHANTI BHAVAN AND ONE HELD SPECIFICALLY
FOR THE GIRLS ABOUT THE HUMAN BODY AND WOMEN® EMPOWERMENT IN REFERENCE
TO SELF-CONSCIOUSNESS AND SELF-CONFIDENCE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ASTEP- AFRICA

SINCE 2005, ASTEP HAS SENT OVER 23 VOLUNTEERS TO WORK WITH OVER 800
STUDENTS IN SOUTH AFRICA. IN THE FALL OF 2008 ASTEP PARTNERED WITH TWO
NEW ORGANIZATIONS TO FURTHER ITS REACH AND AFFECT CHANGE IN THE LIVES
OF OVER 300 ADDITIONAL SOUTH AFRICAN CHILDREN. IN OCTOBER ASTEP
PARTNERED WITH GLOBAL CAMPS AFRICA, AN ORGANIZATION THAT PROVIDES A
UNIQUE 10-DAY SLEEP AWAY CAMP EXPERIENCE (CAMP SIZANANI) FOR CHILDREN
DIRECTLY AFFECTED BY HIV/AIDS. ASTEP SENT FOUR VOLUNTEERS TO HELP
PROVIDE GLOBAL CAMP AFRICA®, CAMP SIZANANI, CRUCIAL SUPPORT FOR THEIR
LOCAL ART DEPARTMENT STAFF TO ENHANCE THEIR EXISTING PROGRAMMING.

IN NOVEMBER ASTEP PARTNERED WITH INFINITE FAMILY (AN AMERICAN NPO THAT

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Name of the organization

ARTISTS STRIVING TO END POVERTY, INC.

Employer identification number

20-4532991

ENABLES AMERICAN MENTORS TO SHARE THEIR TIME AND TALENTS THROUGH
FACE-TO-FACE VIDEO CONVERSATIONS AND EMAIL WITH SOUTH AFRICAN CHILDREN)
AND REFILWE COMMUNITY PROJECT (A SOUTH AFRICAN NPO THAT FUNCTIONS AS A
COMMUNITY CENTER AND HOME FOR ORPHANED AND VULNERABLE CHILDREN) AND
PRODUCED AN ASTEP EXPERIENCE AT REFILWE TO PROVIDE, FOR THE FIRST TIME,
AN INTERACTIVE, IN PERSON LIVE ARTS EXPERIENCE FOR THESE SPECIAL
CHILDREN.

THE ASTEP EXPERIENCE REFILWE WAS A THREE WEEK CAMP LED BY VETERAN ASTEP
VOLUNTEER EDUCATORS, WHO CONTRIBUTED OVER 7,000 VOLUNTEER WORK HOURS TO
THE PROJECT, PROVIDING BASIC DANCE, DRAMA, MUSIC, POETRY, PLAYWRITING,
AND COMMUNICATION SKILLS WORKSHOPS WITH A FOCUS ON CONSCIOUS CHOICE
MAKING, HIV/AIDS AWARENESS AND COLLABORATION FOR THE CHILDREN OF
REFILWE.

EXPENSES \$ 16874. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED ITS
BY-LAWS TO REFLECT A NEW ADDRESS, INCREASED NUMBER OF BOARD MEMBERS,
EXPANTION OF THEIR DUTIES, LIMITATION OF THEIR PERSONAL LIABILITIES AND
ADDING WHISTLE BLOWER AND NON DISCRIMINATION POLICIES. CHANGES WERE MADE TO
TREASURER'S DUTIES AND TO ESTABLISH AN APPROVAL PROCESS FOR PAYMENTS ABOVE
\$15,000, INCORPORATING A RETENTION AND DESTRUCTION POLICY AND CREATING A
FORM 990 REVIEW PROCESS.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE BOARD
OF DIRECTORS, WITH A FINAL APPROVAL COMING FROM THE FINANCE COMMITTEE,

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PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15A: THE MANAGING DIRECTOR'S SALARY IS
DETERMINED BY A COMPENSATION SURVEY, AND THEN IT MUST BE APPROVED BY THE
BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST.

FORM 990, PART XI, QUESTION 2C

THE BOARD OF DIRECTOR'S IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT OF
ITS FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT ACCOUNTANT.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____, 20____

2009

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

ARTISTS STRIVING TO END POVERTY, INC.

20-4532991

Name and title of officer

**SUSAN VARGO
CHAIR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>202148</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DORFMAN ABRAMS MUSIC, LLC to enter my PIN 79691
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 22061079691
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

December 31, 2009

Prepared for	ARTISTS STRIVING TO END POVERTY, INC. 165 West 46th Street No. 1308 NEW YORK, NY 10036
Prepared by	DORFMAN ABRAMS MUSIC, LLC 250 PEHLE AVE., SUITE 702 SADDLE BROOK, NJ 07663
Amount due or refund	No payment required
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	New Jersey Division of Consumer Affairs Charities Registration & Investigation P.O. Box 45021 Newark, NJ 07101
Return must be mailed on or before	December 31, 2010
Special Instructions	The New Jersey return should be signed and dated by the required individual(s).

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2009
month day year

2. Federal ID Number (EIN) 20-4532991 2a. N.J. Charities Registration Number: CH- 3139800

3. Full legal name of the registering organization: ARTISTS STRIVING TO END POVERTY, INC.
In care of: (if necessary, otherwise leave this line blank) _____

4. Mailing Address: 165 WEST 46TH STREET, NEW YORK, NY 10036 Change of Address
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization _____
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

_____ Contact person Street address City State ZIP Code

_____ Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:
212-921-1227
Telephone number (include area code) Fax number (include area code)

BETH@ASTEPO.NLINE.ORG WWW.ASTEPO.NLINE.ORG
E-mail address Web site

8. Type of organization (check one):

Nonprofit corporation Foundation Individual Association Society
 Partnership Trust Other (Specify) _____

9. Where and when was the organization legally established? Date: 03/08/2006 State: NY

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes No
If "Yes," indicate all of the other names used: ASTEP

11. Does the organization intend to solicit contributions from the general public? Yes No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? Yes No

If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

CALIFORNIA, CONNECTICUT, FLORIDA, MASSACHUSETTS, MINNESOTA,
NORTH CAROLINA, NEW YORK, OHIO, PENNSYLVANIA, SOUTH CAROLINA

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.

SEE STATEMENT 1

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.

-SEE ATTACHED LIST

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes No

If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? Yes No

If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? Yes No

a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. Yes No

b. Has a tax exemption been granted under another I.R.S. code? Yes No
If "Yes," advise which one: _____

c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: ARTISTS STRIVING TO END POVERTY, INC.

Fiscal year-end being reported: 12/31/2009 Federal ID Number (EIN) 20-4532991
month day year

Mailing address:
165 WEST 46TH STREET, NEW YORK, NY 10036
Mailing Address P.O. Box Number or Suite City State ZIP Code

Street address of the registering organization: 165 WEST 46TH STREET, NEW YORK, NY 10036
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 3139800 Telephone number: 212-921-1227
-00 (include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$250,000. **Note:** If the organization received gross revenue of less than \$250,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

- (1) Direct mail
- (2) Telephone solicitation
- (3) Commercial co-venture
- (4) Gross receipts from fund-raising events
- (5) Canisters, counter cards, door to door etc
- (6) Corporations and other businesses
- (7) Foundations and trusts
- (8) Donated land, buildings, property, equipment and materials
- (9) Legacies and bequests
- (10) Membership dues solely resulting from solicitations
- (11) Other support (specify)

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11))

Line A1c. Indirect Public Support received from the following sources:

- (1) Federated fund-raising organization
- (2) From an affiliated organization
- (3) From another fund-raising organization

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3))

Line A1e. Total Gross Contributions (add lines A1b and A1d)

Line A2. Government grants including purchase of service contracts (specify agency)

a. _____

b. _____

c. _____

d. _____

Line A2e. Total Government Grants (add lines 2a thru 2d) _____

Line A3. Other Support

a. Bona fide membership _____

b. Program service revenue _____

c. Professional services rendered by volunteers _____

d. Miscellaneous income (specify) _____

Line A3e. Total Other Support (add the total of lines A3a thru A3d) _____

Line A4. Total Gross Revenue (add lines A1e, A2e, and A3e) _____

B. Expenses

Line B1. Program expenses _____

Line B2. Management and general expenses _____

Line B3. Fund-raising expenses _____

Line B4. Payments to state/national affiliates (if applicable) _____

Line B5. Total Expenses (add the totals of line B1 thru B4) _____

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4) _____

D. Fund Balance

Line D1. Net assets or fund balances at beginning of year _____

Line D2. Other changes in net assets or fund balances (attach explanation) _____

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) _____

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information**

Organization's Name: ARTISTS STRIVING TO END POVERTY, INC.

N.J. Charities Registration Number: CH- 3139800 -00

Federal ID Number (EIN) 20-4532991

Fiscal Year-End being reported: 12/31/2009
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other? Yes No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? Yes No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name SUSAN VARGO Title CHAIR Date _____

Signature _____ Name ELIZABETH KONOPKA Title MANAGING DIRECT Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

FORM CRI-300R

DESCRIPTION OF SPECIFIC PROGRAMS
AND CHARITABLE PURPOSES
PAGE 2, LINE 14

STATEMENT 1

DESCRIPTION

ARTISTS STRIVING TO END POVERTY (ASTEP) USES THE ARTS AS A TOOL TO EMPOWER YOUNG PEOPLE WITH CREATIVITY, KNOWLEDGE, AND A STRONG SENSE OF SELF-ESTEEM, FACTORS WHICH HELP THEM ADVANCE THEIR LIVES AND COMMUNITIES. WE PROVIDE ARTISTS WITH OPPORTUNITIES TO CONNECT WITH GLOBAL YOUTHS, ALLOWING THEM TO USE THEIR GIFTS TO CREATE MEANINGFUL AND EFFECTIVE CHANGE FOR YOUNG PEOPLE IN NEED. ASTEP'S MAIN GOAL IS TO CREATE A COMMUNITY OF ARTISTS WHO ARE ACTIVELY ENGAGED IN USING THEIR TALENTS TO RAISE AWARENESS ABOUT THE PLIGHT OF THE CHILDREN WE SERVE AND TO DYNAMICALLY ASSIST BY VOLUNTEERING AT OUR PROGRAMS. ASTEP'S HOPE IS TO CULTIVATE SAFE SPACES IN THESE COMMUNITIES WHERE THESE CHILDREN CAN LEARN TO COMMUNICATE, EXPRESS, AND DEVELOP CONSTRUCTIVE DECISION-MAKING SKILLS BY USING THE ARTS AS A CATALYST AND BY INTERACTING WITH OUR PARTICIPATING VOLUNTEER ARTISTS/TEACHERS AND LOCAL PARTNERING ORGANIZATIONS. TOPICS RANGE FROM SELF-EMPOWERMENT AND POSITIVE FUTURE-BUILDING TO HIV/AIDS AWARENESS.

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JAIMIE MAYER	VICE CHAIR	212-921-1227
<u>ADDRESS</u>		
165 W 46TH ST, SUITE 1308 NEW YORK, NY 10036		
<u>SALARY</u>		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JESSICA WALLING-STOKES	SECRETARY	212-921-1227
<u>ADDRESS</u>		
165 W 46TH ST, SUITE 1308 NEW YORK, NY 10036		
<u>SALARY</u>		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
LORI KELEHAN	TREASURER	212-921-1227
<u>ADDRESS</u>		
165 W 46TH ST, SUITE 1308 NEW YORK, NY 10036		
<u>SALARY</u>		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
TAMERA CONE	BOARD MEMBER	212-921-1227
<u>ADDRESS</u>		
165 W 46TH ST, SUITE 1308 NEW YORK, NY 10036		
<u>SALARY</u>		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JAMES MATTHEW JONES	BOARD MEMBER	212-921-1227
<u>ADDRESS</u>		
165 W 46TH ST, SUITE 1308 NEW YORK, NY 10036		
<u>SALARY</u>		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JONATHAN LEE	BOARD MEMBER	212-921-1227
<u>ADDRESS</u>		
165 W 46TH ST, SUITE 1308 NEW YORK, NY 10036		
<u>SALARY</u>		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
DAVID TURNER	BOARD MEMBER	212-921-1227
<u>ADDRESS</u>		
165 W 46TH ST, SUITE 1308 NEW YORK, NY 10036		
<u>SALARY</u>		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
KUMAR SELVARAJU	BOARD MEMBER	212-921-1227
<u>ADDRESS</u>		
165 W 46TH ST, SUITE 1308 NEW YORK, NY 10036		
<u>SALARY</u>		

NAME OF INDIVIDUALTITLETELEPHONE NO.

CYNDI LAUPER

HONORARY BOARD
MEMBER

212-921-1227

ADDRESS165 W 46TH ST, SUITE 1308
NEW YORK, NY 10036SALARYNAME OF INDIVIDUALTITLETELEPHONE NO.

KRISTIN CHENOWETH

HONORARY BOARD
MEMBER

212-921-1227

ADDRESS165 W 46TH ST, SUITE 1308
NEW YORK, NY 10036SALARYNAME OF INDIVIDUALTITLETELEPHONE NO.

GAVIN CREEL

HONORARY BOARD
MEMBER

212-921-1227

ADDRESS165 W 46TH ST, SUITE 1308
NEW YORK, NY 10036SALARY

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JOHN DOYLE

HONORARY BOARD
MEMBER

212-921-1227

ADDRESS

165 W 46TH ST, SUITE 1308
NEW YORK, NY 10036

SALARY

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

RAUL ESPARZA

HONORARY BOARD
MEMBER

212-921-1227

ADDRESS

165 W 46TH ST, SUITE 1308
NEW YORK, NY 10036

SALARY

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-400

(Revised April 2008)

Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.

Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. Please Note: Extensions of time to file cannot be granted for Initial Registrations.

Date fiscal year ends: 12/31/09 Date of this application: 05/04/10 N.J. Charities Registration Number: CH- 3139800

Charity's Full Legal Name: ARTISTS STRIVING TO END POVERTY, INC.

Other Names Used (d.b.a.) _____

Mailing Address:

165 WEST 46TH STREET, NEW YORK, NY 10036

In care of: Address City State ZIP Code

Street Address:

Street Address City State ZIP Code

Check this box to flag a change of address or other vital information.

Contact Person: _____ **Phone Number:** _____
(include area code)

E-mail: BETH@ASTEPOONLINE.ORG **Federal Tax ID (EIN):** 20-4532991

Web site: WWW.ASTEPOONLINE.ORG **Fax Number:** _____
(include area code)

1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s):

ADDITIONAL INFORMATION IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application? Yes No

If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.

3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs? Yes No

4. Has the organization previously filed an initial registration with the Charities Registration Section? Yes No
If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.

5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.

- I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
- All of the questions on this application have been answered.
- The charity has filed all previous renewal registrations and required documents.
- The charity has paid all previous years' fees and penalties owed to the Division.
- Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Title CHAIR _____ Date _____

Signature _____ Title MANAGING DIRECT _____ Date _____

This form must be signed by at least one (1) officer of the charity.

Should you have questions regarding charities registration in New Jersey, please visit our Web site at <http://www.njconsumeraffairs.gov/ocp/charities.htm> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

December 31, 2009

Prepared for	ARTISTS STRIVING TO END POVERTY, INC. 165 West 46th Street No. 1308 NEW YORK, NY 10036
Prepared by	DORFMAN ABRAMS MUSIC, LLC 250 PEHLE AVE., SUITE 702 SADDLE BROOK, NJ 07663
Mail tax return to	New York State Department of Law Charities Bureau - Registration Section 120 Broadway New York, NY 10271
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	<p>New York Form CHAR500 must be signed and dated by both of the authorized individuals. Also be sure that the attached copy of federal Form 990 has been properly signed and dated.</p> <p>Enclose a check for \$60 made payable to NYS Department of Law. Include the organization's state registration number(s) on the remittance.</p>

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2009
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) 01/01/2009 and ending (mm/dd/yyyy) 12/31/2009			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization ARTISTS STRIVING TO END POVERTY, INC.		d. Fed. employer ID no. (EIN) 20-4532991
	Number and street (or P.O. box if mail not delivered to street address) 165 WEST 46TH STREET	Room/suite 1308	e. NY State registration no. 40-13-66
	City or town, state or country and ZIP + 4 NEW YORK, NY 10036		f. Telephone number 212 921-1227
			g. Email BETH@ASTEPONLINE.ORG

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	Printed Name SUSAN VARGO	Title CHAIR Date
b. Chief Financial Officer or Treas.	Signature	Printed Name ELIZABETH KONOPKA	Title MANAGING DIRECTOR Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee	\$ <u>10.</u>
b. EPTL filing fee	\$ <u>50.</u>
c. Total fee	\$ <u>60.</u>
Submit only one check or money order for the total fee, payable to "NYS Department of Law"	

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ▶▶▶
