

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning

and ending

B Check if applicable: C Name of organization ART SPHERE INC. D Employer identification number 23-2994202 E Telephone number 215-413-3955 G Gross receipts \$ 80,355. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.ARTSPHERE.ORG K Form of organization: L Year of formation: 1998 M State of legal domicile: PA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

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 KRISTIN GROENVELD, EXECUTIVE DR. Date: Preparer Paid: FRANK CELLUCCI, Preparer's signature FRANK CELLUCCI, Date 07/13/24, PTIN P00634322, Preparer Use Only: Firm's name MCKONLY & ASBURY, LLP, Firm's EIN 23-1909723, Firm's address 1601 MARKET STREET, STE 2525 PHILADELPHIA, PA 19103, Phone no. 215-567-8000

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No