

EXTENDED TO NOVEMBER 15, 2022

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
ART SPHERE INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1901 S. 9TH STREET 502

City or town, state or province, country, and ZIP or foreign postal code
PHILADELPHIA, PA 19148

F Name and address of principal officer:**KRISTIN GROENVELD**
SAME AS C ABOVE

D Employer identification number
23-2994202

E Telephone number
215-413-3955

G Gross receipts \$ **180,348.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

H(c) Group exemption number ▶

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

J Website: ▶ **WWW.ARTSPHERE.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1998** **M** State of legal domicile: **PA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **ARTS EDUCATION FOR YOUTH AND OTHERS.**

2 Check this box 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** **8**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **8**

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) **5** **0**

6 Total number of volunteers (estimate if necessary) **6** **0**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.**

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b** **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	228,028.	97,828.
9 Program service revenue (Part VIII, line 2g)	45,609.	82,520.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	273,637.	180,348.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	42,300.	52,364.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	39,397.	61,151.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	81,697.	113,515.
19 Revenue less expenses. Subtract line 18 from line 12	191,940.	66,833.
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	244,608.	311,441.
21 Total liabilities (Part X, line 26)	0.	0.
22 Net assets or fund balances. Subtract line 21 from line 20	244,608.	311,441.

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

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **FRANK P. CELLUCCI** Preparer's signature Date

Check PTIN **P00634322**
 self-employed

Firm's name ▶ **MORRIS J. COHEN & CO., P.C.** Firm's EIN ▶ **23-2666906**

Firm's address ▶ **1601 MARKET STREET SUITE 2525 PHILADELPHIA, PA 19103** Phone no. **2155678000**

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

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)