

**Short Form
Return of Organization Exempt From Income Tax**

2005

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

**Open to Public
Inspection**

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

A For the 2005 calendar year, or tax year beginning _____, 2005, and ending _____, 2005, and ending _____

| | | | |
|--|---|-------------------------------|---|
| B Check if applicable | Please use IRS label or print or type. See Specific Instructions. | C | D Employer identification number |
| <input type="checkbox"/> Address change | | ART SPHERE INC | 23-2994202 |
| <input type="checkbox"/> Name change | | 915 SPRING GARDEN STREET #401 | E Telephone number |
| <input type="checkbox"/> Initial return | | PHILADELPHIA, PA 19123 | 215-413-3955 |
| <input type="checkbox"/> Final return | | | F Group Exemption Number |
| <input type="checkbox"/> Amended return | | | |
| <input type="checkbox"/> Application pending | | | |

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method Cash Accrual
Other (specify) ▶ _____

I Web site: ▶ N/A

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 29,360.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

| | | | |
|----------|--|-----------|----------|
| | 1 Contributions, gifts, grants, and similar amounts received | 1 | 28,901. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | 459. |
| REVENUE | 5a Gross amount from sale of assets other than inventory | 5a | |
| | 5b Less: cost or other basis and sales expenses | 5b | |
| | 5c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) | 5c | |
| | 6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| | b Less: direct expenses other than fundraising expenses | 6b | |
| | 6c Net income or (loss) from special events and activities (line 6a less line 6b) | 6c | |
| | 7a Gross sales of inventory, less returns and allowances | 7a | |
| | b Less: cost of goods sold | 7b | |
| | 7c Gross profit or (loss) from sales of inventory (line 7a less line 7b) | 7c | |
| | 8 Other revenue (describe ▶ _____) | 8 | |
| | 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 29,360. |
| EXPENSES | 10 Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | 19,736. |
| | 13 Professional fees and other payments to independent contractors | 13 | 1,695. |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 5,792. |
| | 15 Printing, publications, postage, and shipping | 15 | 987. |
| | 16 Other expenses (describe ▶ See Statement 1). | 16 | 12,457. |
| | 17 Total expenses (add lines 10 through 16) | 17 | 40,667. |
| | 18 Excess or (deficit) for the year (line 9 less line 17) | 18 | -11,307. |
| ASSETS | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 25,116. |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 Net assets or fund balances at end of year (combine lines 18 through 20) | 21 | 13,809. |

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

| | | |
|---|------------------------------|------------------------|
| | (A) Beginning of year | (B) End of year |
| 22 Cash, savings, and investments | 24,602. | 13,809. |
| 23 Land and buildings | 23 | |
| 24 Other assets (describe ▶ See Statement 2) | 514. | 24 |
| 25 Total assets | 25,116. | 13,809. |
| 26 Total liabilities (describe ▶ _____) | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 25,116. | 13,809. |

SCANNED BY 2025

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| Part III Statement of Program Service Accomplishments (See Instructions) | | N/A | Expenses |
|--|--|-----|--|
| What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
| 28 | ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | 28a |
| 29 | ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | 29a |
| 30 | ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | 30a |
| 31 | Other program services (attach schedule). (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | | 32 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.) | | | | |
|---|--|---|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation | (E) Expense account and other allowances |
| KRISTIN GROENVELD 628 N 2ND STREET PHILADELPHIA, PA 19123 | President & CEO EXECUTIVE DR. 30 | 15,000. | 0. | 0. |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |

| Part V Other Information (Note the attachment requirement in the instructions) | See Statement 3 | Yes | No |
|---|-----------------|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. | 33 | | X |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes. | 34 | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35b | N/A | |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmt.) | 36 | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 0. | 37a | | |
| b Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | | X |
| b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved. | 38b | N/A | |
| 39 501(c)(7) organizations Enter: | | | |
| a Initiation fees and capital contributions included on line 9 | 39a | N/A | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | N/A | |
| 40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0. | | | |
| b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation | 40b | | X |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0. | | | |
| d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> 0. | | | |

Part V Other Information (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ **None**

42 a The books are in care of ▶ **KRISTIN GROENVELD** Telephone no. ▶ **215-413-3955**
 Located at ▶ **915 SPRING GARDEN ST, UNIT 401, PHILADEL,** ZIP + 4 ▶ **19123**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

| | Yes | No |
|------------|-----|----|
| 42b | | X |
| 42c | | X |

If 'Yes,' enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country: ▶ _____

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

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

▶ *Kristin Groenveld* | **10/23/06** ▶ **KRISTIN GROENVELD**
 Signature of officer | Date | Type or print name and title
 ▶ **President & CEO EXECUTIVE DR.**

Paid Preparer's Use Only

Preparer's signature ▶ *Paul G. Maguire* | Date **8/29/06** | Check if self-employed ▶ | Preparer's SSN or PTIN (See General Instruction W) **N/A**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **Paul G. Maguire, CPA**
 ▶ **1107 Paper Mill Rd.**
 ▶ **Erdenheim, PA 19038**

EIN ▶ **N/A**
 Phone no ▶ **(215) 836-9780**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2005

Name of the organization

ART SPHERE INC

Employer identification number

23-2994202

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ | 0 | | | |

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | 0 | |

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None'. See instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services ▶ | 0 | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See instructions.)

| | Yes | No |
|---|-----------|----------|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | | |
| 1 | | X |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) | | |
| a Sale, exchange, or leasing of property? | 2a | X |
| b Lending of money or other extension of credit? | 2b | X |
| c Furnishing of goods, services, or facilities? | 2c | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | X |
| e Transfer of any part of its income or assets? | 2e | X |
| 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.) | 3a | X |
| b Do you have a section 403(b) annuity plan for your employees? | 3b | X |
| c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? | 3c | X |
| 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | 4a | X |
| b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | 4b | X |

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |
| | |

- 14 An organization organized and operated to test for public safety Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
|--|-----------------|-----------------|-----------------|------------------|--------------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 10,542. | | | 2,920. | 13,462. |
| 16 Membership fees received | | | | | 0. |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | 0. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | 1,299. | 1,299. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | 0. |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0. |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | 0. |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | 0. |
| 23 Total of lines 15 through 22 | 10,542. | | | 4,219. | 14,761. |
| 24 Line 23 minus line 17 | 10,542. | | | 4,219. | 14,761. |
| 25 Enter 1% of line 23 | 105. | | | 42. | |
| 26 Organizations described on lines 10 or 11: | | | | | |
| a Enter 2% of amount in column (e), line 24 | | | | | 26a 295. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 14,761. |
| d Add: Amounts from column (e) for lines: | 18 _____ | 19 _____ | 22 _____ | 26b _____ | 26d 1,299. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 13,462. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 91.20 % |
| 27 Organizations described on line 12: N/A | | | | | |
| a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year. | (2004) _____ | (2003) _____ | (2002) _____ | (2001) _____ | |
| b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: | (2004) _____ | (2003) _____ | (2002) _____ | (2001) _____ | |
| c Add: Amounts from column (e) for lines: | 15 _____ | 16 _____ | 17 _____ | 20 _____ | 21 _____ |
| d Add: Line 27a total _____ and line 27b total _____ | | | | | 27c _____ |
| e Public support (line 27c total minus line 27d total) | | | | | 27d _____ |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) | | | | | 27e _____ |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27f _____ |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27g % |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15 | | | | | 27h % |

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

| | Yes | No |
|--|-----|----|
| 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- ----- | | |
| 32 Does the organization maintain the following | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 33 Does the organization discriminate by race in any way with respect to | | |
| a Students' rights or privileges? | | |
| b Admissions policies? | | |
| c Employment of faculty or administrative staff? | | |
| d Scholarships or other financial assistance? | | |
| e Educational policies? | | |
| f Use of facilities? | | |
| g Athletic programs? | | |
| h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement) ----- ----- ----- | | |
| 34a Does the organization receive any financial aid or assistance from a governmental agency? | | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement | | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

| | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|-----------------------------------|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | | |
| 39 Other exempt purpose expenditures | 39 | | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | | |
| 41 Lobbying nontaxable amount Enter the amount from the following table – | | | |
| If the amount on line 40 is – | The lobbying nontaxable amount is – | | |
| Not over \$500,000 | 20% of the amount on line 40 | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | 41 | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| Over \$17,000,000 | \$1,000,000 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | | |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | | |
| 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots non-taxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions.)
 (For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements.
- d** Mailings to members, legislators, or the public.
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h.)

| Yes | No | Amount |
|-----|----|--------|
| | | |
| | | |
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If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

| | | |
|---|--|---|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization ART SPHERE INC | Employer identification number 23-2994202 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. 915 SPRING GARDEN STREET #401 | |
| | City, town or post office. For a foreign address, see instructions. PHILADELPHIA, PA 19123 | |
| | state | ZIP code |

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

The books are in the care of KRISTIN GROENVELD

Telephone No. 215-413-3955 FAX No. _____

If the organization does not have an office or place of business in the United States, check this box

If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 8/15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 05 or
- tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: ART SPHERE INC
Employer identification number: 23-2994202
Address: 915 SPRING GARDEN STREET #401, PHILADELPHIA, PA 19123

Check type of return to be filed (File a separate application for each return).

- Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (section 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in care of: KRISTIN GROENVELD

Telephone No. 215-413-3955 FAX No.

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until 11/15, 2006.

For calendar year 2005, or other tax year beginning 2005, and ending 2006.

If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

State in detail why you need the extension. Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature: Title: President & CEO Date

Notice to Applicant - To be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
Other:

Director: By: Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: Paul G. Maquire, CPA
Address: 1107 Paper Mill Rd., Erdenheim, PA 19038

ART SPHERE INC

23-2994202

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

| | | |
|--|-----------|----------------------|
| BANK FEES | \$ | 6. |
| Conferences, Conventions, And Meetings | | 564. |
| Depreciation | | 514. |
| MISC/ART SUP | | 2,616. |
| OPEN HOUSE | | 80. |
| SUBSCRIPTIONS | | 380. |
| Supplies | | 3,254. |
| Telephone | | 1,826. |
| UTILITIES | | 189. |
| Total | \$ | <u>9,429.</u> |

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

| | <u>Beginning</u> | <u>Ending</u> |
|-------------------------|-----------------------|---------------------|
| Machinery and equipment | \$ 514. | \$ 0. |
| Total | <u>\$ 514.</u> | <u>\$ 0.</u> |

Statement 3
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No