

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)
 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.

OMB No. 1545-0047
2024
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2024 calendar year, or tax year beginning **10/01/24** and ending **09/30/25**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">ArtServe, Inc.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">1350 East Sunrise Boulevard</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">Fort Lauderdale FL 33304</p>	D Employer identification number <p align="center">65-0058919</p>
	E Telephone number <p align="center">954-462-9191</p>	
	F Name and address of principal officer: <p align="center">Douglas Evans 1350 East Sunrise Blvd Ft Lauderdale FL 33304</p>	
	G Gross receipts \$ 560,330	

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

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

J Website: **ArtServe.org** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1988** **M** State of legal domicile: **FL**

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities:	See Schedule O		
	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	12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	10	
	6 Total number of volunteers (estimate if necessary)	6	18	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	1,369,720	240,525	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	288,914	279,441	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,440	40,364	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,697,074	560,330	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	418,543	475,119	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25)	62,386		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,228,166	225,428	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,646,709	700,547	
19 Revenue less expenses. Subtract line 18 from line 12	50,365	-140,217		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	782,219	648,292	
	22 Net assets or fund balances. Subtract line 21 from line 20	60,836	60,523	
		721,383	587,769	

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 2/17/2024
	Douglas Evans Type or print name and title	Chair

Paid Preparer Use Only	Preparer's name Maureen S. Fengler CPA	Preparer's signature Maureen S. Fengler CPA	Date 02/16/26	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01270054
	Firm's name Sullivan & Fengler	Firm's EIN 65-0002115			
	Firm's address 3031 NE 22nd St Fort Lauderdale, FL 33305	Phone no. 954-561-2826			

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

Form **8453-TE** Tax Exempt Entity Declaration and Signature for E-file OMB No. 1545-0047

For calendar year 2024, or tax year beginning 10/01/24, and ending 09/30/25
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.

2024

Department of the Treasury
Internal Revenue Service

Name of filer

EIN or SSN

ArtServe, Inc.

65-0058919

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>560,330</u>
<input type="checkbox"/> 2a Form 990-EZ check here	b Total revenue , if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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.

b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____

and that I have examined a copy of the 2024 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here MC Evans 2/17/2026 **Chair**
Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature <u>Maureen S. Fengler CPA</u>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's SSN or PTIN <u>P01270054</u>
	Firm's name (or yours if self-employed), address, and ZIP code <u>Sullivan & Fengler</u> <u>3031 NE 22nd Fort Lauderdale FL 33305</u>	EIN <u>65-0002115</u>	Phone no. <u>954-561-2826</u>		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN	Firm's address	Phone no.	

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-TE** (2024)