### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 42-42-73

## Form **990**

Department of the Treasury Internal Revenue Service

### **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.

A For the 2021 calendar year, or tax year beginning and ending								
B	Check if applicab	e: C Name of organization		D Employer identification number				
	Addre	THE ART THERAPY PROJECT CORPORATION						
	Name chang			80-063118	81			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return	132 WEST 21ST STREET, 6TH FLOOR		212-592-2				
	termir ated	· · · · · · · · · · · · · · · · · · ·		G Gross receipts \$	607,486.			
	Amen	NEW IORK, NY IOOII		H(a) Is this a group re				
	Applic tion pendi	F Name and address of principal officer: MARINA DORN		for subordinates				
		SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: $X = 501(c)(3) = 501(c)() \rightarrow (insert no.) = 4947(a)(1) o$	or 527	1	list. See instructions			
		te: THEARTTHERAPYPROJECT.ORG		H(c) Group exemption				
	orm o	f organization: X Corporation Trust Association Other ► Summary	<b>L</b> Year	of formation: 2010 N	State of legal domicile: NY			
F		•	ים שם	TONDY DOATE	יחד דמי א			
e	1	Briefly describe the organization's mission or most significant activities: THE A NONPROFIT MENTAL HEALTH ORGANIZATION PROV						
an	2	Check this box $\blacktriangleright$ if the organization discontinued its operations or dispose						
verr	3				13			
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1a)			13			
ა ა	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			4			
Activities & Governance	6	Total number of volunteers (estimate if necessary)			30			
cti	7 a	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			0.			
				Prior Year	Current Year			
ð	8	Contributions and grants (Part VIII, line 1h)		576,351.	540,303.			
nue	9	Program service revenue (Part VIII, line 2g)		26,607.	67,180.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	3.			
Ξ.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,911.	-24,743.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		598,047.	582,743.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		338,142.	333,119.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ă	b	Total fundraising expenses (Part IX, column (D), line 25) <b>72,92</b>		195,103.	146,078.			
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		533,245.	479,197.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		64,802.	103,546.			
or		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
sets 0	20	Total assets (Part X, line 16)		288,660.	<u>342,714.</u>			
Asse	20	Total liabilities (Part X, line 10)		73,103.	23,611.			
Net,	-	Net assets or fund balances. Subtract line 21 from line 20		215,557.	319,103.			
P	art 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         DAVID WASSERMAN, CHAIR         Type or print name and title		Date							
Paid	Print/Type preparer's name EVA MRUK	Preparer's signature EVA MRUK	Date 05/12/22	Check PTIN if self-employed P00543254						
Preparer	Firm's name 🕨 PKF O'CONNOR DAV	IES, LLP	Firm's	EIN <b>27-1728945</b>						
Use Only	Firm's address 245 PARK AVENUE,									
	NEW YORK, NY 101	67	Phone	e no.212-286-2600						
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 🗙 🔲 No									
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		-0631181	Page
Par	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE ART THERAPY PROJECT IS A NONPROFIT MENTAL HEALTH ORGANI	ZATION	
	PROVIDING FREE GROUP ART THERAPY TO ADULTS AND YOUTH AFFECT	ED BY	
	TRAUMA. USING THE ART-MAKING PROCESS AND WITH SUPPORT FROM	OUR ART	
	THERAPISTS, CLIENTS LEARN HOW TO EXPLORE FEELINGS, INCREASE		
2			
-		XYes	N
	· · · · · · · · · · · · · · · · · · ·		
	If "Yes," describe these new services on Schedule O.		<b>v</b> .
3			XN
	If "Yes," describe these changes on Schedule O.		
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses, a	nd
	revenue, if any, for each program service reported.		
4a			272.
	THE PRACTICE - THE PRACTICE IS AN INDIVIDUAL, FEE-FOR-SERVI	CE PROGRA	M
	DESIGNED TO PROVIDE ACCESSIBLE ONE-ON-ONE ART THERAPY FOR C	HILDREN,	
	ADULTS AND FAMILIES AND, ULTIMATELY, TO HELP SUPPORT FREE G	ROUP ART	
	THERAPY SERVICES FOR TRAUMA SURVIVORS. IN 2021, SERVICES WE		ED
	PRIMARILY VIA TELEHEALTH. CLIENTS ADDRESSED A RANGE OF ISSU		
	INCLUDING: ANXIETY, DEPRESSION, GRIEF AND LOSS. SERVICES AR		LE.
	ON A SLIDING SCALE BASIS. 200 SESSIONS WERE OFFERED DURING		
	on in building benue bubilt, 200 bubbions while offende boning		
1b	b (Code:) (Expenses \$63,022. including grants of \$0. ) (Revenue \$	10.	975.
	YOUTH ART THERAPY PROGRAM - THE YOUTH ART THERAPY PROGRAM S		
	CHILDREN AND ADOLESCENTS DURING THE YEAR. THROUGHOUT THE YE		
	PROGRAM HAD TO NAVIGATE PANDEMIC-RELATED CLOSURES OF FACILI		1.713
	WERE ABLE TO RUN 173 SESSIONS THROUGH A COMBINATION OF IN-P		
	TELEHEALTH SESSIONS. THESE GROUPS WERE PROVIDED IN PARTNERS		OUR
	YOUTH PROGRAM PARTNERS: CARES, CEDAR KNOLLS ACADEMY, JVL WI		
	ACADEMY, MOUNT PLEASANT BLYETHDALE, NEW ALTERNATIVES FOR CH	ILDREN, N	EW
	DESTINY HOUSING, AND THE CHILDREN'S VILLAGE. YOUTH GROUPS A	DDRESSED	A
	VARIETY OF STRESSORS AND ISSUES INCLUDING INTERPERSONAL REL	ATIONSHIP	S
	AND IDEAS RELATED TO CONNECTION, ISOLATION AND DISTANCE, FA	MILY	
	STRESSORS, COMMUNITY VIOLENCE AND HOW TO USE COPING SKILLS	TO MANAGE	
	ANXIETY.		
4c			0.
ŧC	c (Code:) (Expenses \$53,960. including grants of \$0. (Revenue \$) (Revenue \$	5 JDDTCT	
	PROGRAM SERVES BOTH INPATIENT AND OUTPATIENT POPULATIONS AT		INAL
	BETH ISRAEL CHEMICAL DEPENDENCY CENTER AS WELL AS CLIENTS O		
	EDUCATIONAL ALLIANCE'S CENTER FOR RECOVERY & WELLNESS. DURI		WE
	WORKED WITH 175 CLIENTS IN 90 SESSIONS AND ADDRESSED ISSUES	RANGING	
	FROM NAVIGATING SHAME TO SYSTEMS OF CONTROL TO DEVELOPING H	EALTHY	
	COPING SKILLS. DUE TO THE PROGRAM BEING HOSPITAL BASED, THE	RE WERE	
	PERIODS DURING THE YEAR WHEN GROUPS COULD NOT MEET DUE TO T	HE PANDEM	IC.
4d	1 Other program services (Describe on Schedule O.)		
4d		,933.)	
	(Expenses \$ 151,153. including grants of \$ ) (Revenue \$ 20	<b>,933.</b> )	
	(Expenses \$ 151,153. including grants of \$ ) (Revenue \$ 20		<b>990</b> (202
e	(Expenses \$ 151,153. including grants of \$ ) (Revenue \$ 20		<b>990</b> (20)

Form 990 (							THEF
Part IV	Chee	cklist	of	Rec	luire	d Sch	edules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		v
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ũ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	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? If "Yes," complete Schedule D, Part VII	11b		X
с	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? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	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? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
Ŀ.	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the survey institute and interim a filler survey is a survey of the little distance of the survey of the surve	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>- 170</u>		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X (2021)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X 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? If "Yes," complete		37	
• -	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u>-</u> -
	Schedule N, Part II	32		X 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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
<b>0</b> -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 37		<u> </u>
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 15			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	12-09-21	Form	990	(2021)
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2021.03041 THE ART THERAPY PROJECT C 16810121

Form	990 (2021) THE ART THERAPY PROJECT CORPORATION 80-0631	181	P	age <b>5</b>	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
-			Yes	No	
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 4				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
	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)?	4a		х	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
	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 as charitable contributions?	6a		Х	
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).				
	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?	7a		Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	
g					
-					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h			
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1			
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders				
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
~	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b			
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>			
	excess parachute payment(s) during the year?	15		х	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the experimentian of a structured institution subject to the exection 1000 surjection and investment income 0	16		х	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				
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Form 990	(2021)
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### THE ART THERAPY PROJECT CORPORATION

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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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		,		Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
	Enter the number of voting members included on line 1a, above, who are independent 1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth	ner			
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supe	rvision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed'		4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	or	1		
	persons other than the governing body?		7b		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		1		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.	)			
		r		Yes	No
Da	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia	ites,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	, the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	9			
	on Schedule O how this was done		12c	Х	
3	Did the organization have a written whistleblower policy?		13	Х	
4	Did the organization have a written document retention and destruction policy?		14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent	dent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization	[	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip	ation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sec	tion 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain on Schedule	э <i>O</i> )			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	,	finand	cial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's books and record	rds 🕨			
0					
	MARTHA DORN - 212-592-2755				
	132 WEST 21ST STREET, 6TH FLOOR, NEW YORK, NY 10011				

Form 990 (2021)				CORPORATION		L81 Page 7
Part VII Comp	pensation of Officers	, Directors, 1	Frustees, Ke	y Employees, Hig	hest Compensated	
Emplo	oyees, and Independ	ent Contract	tors			
Check i	if Schedule O contains a re	sponse or note t	o any line in this	Part VII		
Section A. Office	rs, Directors, Trustees, K	ey Employees, a	and Highest Co	mpensated Employee	S	
1a Complete this ta	able for all persons require	d to be listed. Re	port compensat	ion for the calendar yea	ar ending with or within the organi	zation's tax year.
<ul> <li>List all of the</li> </ul>	organization's <b>current</b> off	cers, directors, tr	ustees (whethe	r individuals or organiza	tions), regardless of amount of co	mpensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	<b>(B)</b> Average	(do		Pos		) than o	one	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box	, unle	ss per	rson i	s both r/trus	n an	compensation	compensation	amount of
	related or galaxies of the second state of the		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations					
(1) MARTHA DORN	50.00									
EXECUTIVE DIRECTOR				Х				93,048.	0.	17,100.
(2) DAVID WASSERMAN	10.00									
CHAIR		Х		Х				0.	0.	0.
(3) LAUREN CHRISTIAN	5.00									
TREASURER		Х		Х				0.	0.	0.
(4) MEG DODGE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) JENNIFER CUMINALE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DIANE L. DUCKLER	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DEBORAH FARBER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JUSTIN LINTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(9) SHERYL PUNIA	1.00									
DIRECTOR		Х						0.	0.	0.
(10) DAVID RHODES	1.00									
DIRECTOR		Х						0.	0.	0.
(11) VAL SERENO	1.00									_
DIRECTOR		Х						0.	0.	0.
(12) SARAH STALLER	1.00	_								
DIRECTOR		Х						0.	0.	0.
(13) NICOLE TURNER	1.00							_		_
DIRECTOR		Х						0.	0.	0.
(14) LAUREN YOUNG	1.00									_
DIRECTOR		Х						0.	0.	0.
		-								
		<u> </u>								
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	+		-	-		-				
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132007 12-09-21

Form 990 (2021)

#### 08550512 756359 1681012.001

2021.03041 THE ART THERAPY PROJECT C 16810121

Form	990 (2021)	THE	ART 7	THERAPY	PR	OJ	EC	Т	CO	RP	ORATION	80-0	631	181	Pa	age <b>8</b>
Par	t VII <sub>Sect</sub>	ion A. Officers, Dired	ctors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
		<b>(A)</b> Name and title		(B) Average hours per	box	not cł , unles	ss per	ition nore son is	l than c s both r/trust	an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensatio	n	an	(F) stimate	
				week (list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	s SC/	com fr org and	other pensa om the anizati d relate anizatio	e ion ed
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		continuation sheets									93,048.		0.	1	7,10	<u> </u>
		lines 1b and 1c)									93,048.		0.	1	7,10	
2	Total numb		uding but n						) wh	o re	eceived more than \$100,	000 of reportable	e			0
3				-			•	-		Ŭ	hest compensated emp			3	Yes	No X
4	For any inc	lividual listed on line 1	a, is the su	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		4		x
5	Did any pe	rson listed on line 1a	receive or a	accrue compen	nsati	on fr	oma	any	unre	late	ed organization or individ	dual for services		5	x	
Sec		pendent Contractor		plete Schedule	e J 10	or su	icn r	berse	on .					5		
1	-	•	-	-	-						nat received more than \$ the organization's tax y		oensa	tion fro	om	
		Name an	(A) d business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	C	<b>(C</b> compe	<b>C)</b> nsatio	า
										_						
2		per of independent co of compensation from			ot lin	nited	l to t	thos C		ted	above) who received mo	ore than			000 //	

Form **990** (2021)

132008 12-09-21

age of the federated campaigns     ta       b     Membership dues     ta       c     Function revenue     business revenue       get of all differences     ta       c     Participation       d     Related organizations       d     Related organizations       d     ta       get of all differences     ta       get of ta <th></th> <th></th> <th>(202</th> <th></th> <th></th> <th></th> <th>ERAP</th> <th>Y PROJEC</th> <th>CT CORPORAT</th> <th>TION</th> <th>80-0631</th> <th>181 Page<b>9</b></th>			(202				ERAP	Y PROJEC	CT CORPORAT	TION	80-0631	181 Page <b>9</b>
Best Product of State (Second Products)         Best Product of State (Second Products)         Product State (Second Products)         <	Pa	rt V										
Total revenue     Patiente of a exempt     Unrelated function sevenue     Perman actuality function sevenue       1 a     1 a     1 a       0 -     -     1 a     1 a       0 -     -     1 a     1 a       0 -     -     1 a     1 a       0 -     -     1 a     1 a       0 -     -     1 a     1 a       0 -     -     1 a     1 a       0 -     -     1 a     1 a       0 -     -     -     2 a       2 a     SERVICE FEES     -     5 40 , 303       0 -     -     -     -       0 -     -     -     -       0 -     -     -     -       0 -     -     -     -       0 -     -     -     -       0 -     -     -     -       0 -     -     -     -       0 -     -     -     -       1 -     -     -     -       0 -     -     -     -       0 -     -     -     -       1 -     -     -     -       1 -     -     -     -       1 -     -     -				Check if Schedule O o	contain	s a respo	onse or	r note to any line	e in this Part VIII	(B)	(C)	
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Business Code         Image: Code <thimage: code<="" th="">         Image: Code         <thimage: code<="" th=""> <thimage: code<="" th=""></thimage:></thimage:></thimage:>	ts	1 :	a Fe	derated campaigns		1a						
go g	àran oun	1	<b>b</b> Me	embership dues								
go g	s, G		: Fu	ndraising events		1c		91,283.				
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g Total. Add lines 2a/21 <ul> <li>for total. Add lines 12a/21</li> <li>for the similar amounts)</li> <li>for the similar amounts</li> <li>for the similar amounts (nos)</li> <li>for the similar amounts (not including \$\frac{10}{91, 283.5}, or for contributions reported on line 10.5 set the similar amount for simple wents (not including \$\frac{91, 283.5}{91, 283.5}, or for contributions reported on line 10.5 set the simple motion fundrating events \$\frac{-24, 743.5}{-24, 743.5} = -24, 743.5 = -24,</li></ul>	vice	2						021200	0,72001			
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3       investment income (including dividends, interest, and other similar amounts).       3.       3.       3.         4       income from investment of tax exempt bond proceeds       5       Royaties       5         5       Royaties       6a       (i) Real       (ii) Personal       6c         6       a Gross rents       6a       6c       6c       6c         7       a Gross mount from sales of assets other than investory       7a       7a       7a       7a         7       a Gross income or (loss)       7a       7a       7a       7a       7a         6       a Gross income from fundraising events (not including \$	Ъ	1	All	other program service	revenu	е						
a       income from investment of tax-exempt bond proceeds       3.       3.         4       income from investment of tax-exempt bond proceeds									67,180.			
4       Income from investment of tax-exempt bond proceeds         5       Royatties         6 a       Gross rents         7 a       Gross rents         6 b       Gross rents         7 a       Gross rents         8 a       Gross rents         8 a       Gross rents         8 a       Gross rents         9 a       Gross rents<		3			-				2			2
5       Royatties       (i) Real       (ii) Personal         6 a       Gross rents       6a       6b         b       Less: rental expenses       6b       6c         c       Rental income or (loss)       6c       6c         7 a       10       For so amount from sales of assets other than inventory       7a         b       Less: cost or other basis and sales expenses       7b       7b         c       Gain or (loss)       7c       7c         d       Net gain or (loss)       8a       6ross income from fundraising events       -24,743.         e       Net income or (loss) from fundraising events       -24,743.       -24,743.         9       Gross alse of inventory, less returns and allowances       9b       9b         b									3.			5.
6 a Gross rents       7 a Gros       7 a Gross rents       7 a Gr								-				
6 a Gross rents       6a         b Less: rental expenses       6b         c Rental income or (loss)       6c         7 a Gross amount from sales of assets other than inventory       6c         7 a Gross amount from sales of assets other than inventory       7a         7 a Gross income from fundraising events (not including \$ 91, 283, of contributions reported on line 1c). See       7a         8 a Gross income from fundraising events (not including \$ 91, 283, of contributions reported on line 1c). See       8a       0.         9 a Gross income from gaming activities. See       8a       0.       24, 743.         9 a Gross income from gaming activities. See       9a       9a       9a         9 a Gross income from gaming activities. See       9a       9a       9a         9 a Gross income from gaming activities. See       9a       9a       9a         9 a Gross income from gaming activities. See       9a       9a       9a         9 a Gross income from gaming activities. See       9a       9a       9a         9a Gross income from gaming activities.       9a       9a       9a       9a         9a Gross income from gaming activities.       9a       9a       9a       9a       9a         9a Gross income from gaming activities.       9a       9a       9a       9a <td></td> <td>5</td> <td>RO</td> <td>byaities</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		5	RO	byaities								
b       Less: rental expenses       6b         c       Rental income or (loss)       6c         d       Net rental income or (loss)       7a         a       Gross amount from sales of assets other than inventory       7a         b       Less: cost or other basis       7b         c       Gain or (loss)       7c         d       Net gain or (loss)       8a         e       Gross income from fundraising events (not including \$\$		6	a Gr	ross rents	62	() 1104						
c Rental income or (loss) Gc   d Net rental income or (loss) (i) Securities   7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   7b 7a   c Gain or (loss)   d Net gain or (loss)   a Gross income from fundraising events (not including \$ 91, 283. of contributions reported on line 1c). See   Part IV, line 18   b Less: direct expenses   g Gross income from gaming activities.   a Gross also of (loss) from fundraising events (not including \$ 91, 283. of contributions reported on line 1c). See   Part IV, line 18 Ba   b Less: direct expenses   g Gross income from gaming activities.   a Gross also of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   e Net income or loss) from sales of inventory   e Cost of goods sold   11 a Business Code   a All other revenue   c All other revenue   e Total Add lines 11a-11d   b Cost of goods sold   12 Total revenue. See instructions   582, 743. 67, 180.   024, 740.												
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses       100 Other         7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses       70         7 a Gross income from fundraising events (not including \$ 91, 283. of contributions reported on line 1c). See Part IV, line 18       8a 0.         8 a Gross income from gaming activities. See Part IV, line 18       8a 0.         9 a Gross income from gaming activities. See Part IV, line 19       9a         9 b Less: direct expenses       9b         0 A test income or (loss) from gaming activities. See Part IV, line 19       9a         9 a Gross also of inventory, less returns and allowances       10a         10 a Gross sales of inventory, less returns and allowances       10a         11 a				• •••								
assets other than inventory b       Ta       Ta         b       Less: cost or other basis and sales expenses c       Tb       Tb         c       Gain or (loss)       Tc       Tc         d       Net gain or (loss)       Tc       Tc         a       Gross income from fundraising events (not including \$			d Ne	et rental income or (loss)	)			►				
B       Less: cost or other basis and sales expenses       7b         C       Gain or (loss)       7c         d       Net gain or (loss)       7c         8       Gross income from fundraising events (not including \$1, 283. of contributions reported on line 1c). See Part IV, line 18       8a       0.         b       Less: direct expenses       8b       24, 743.       -24, 743.         9       Gross income from gaming activities. See Part IV, line 19       9a       -24, 743.         9       Gross sales of inventory, less returns and allowances       9b       0         10       Gross sold       10b       10b         c       Net income or (loss) from gaming activities. See Part IV, line 19       9a         9       Gross sales of inventory, less returns and allowances       10a         0       Gross sales of inventory, less returns and allowances       10a         0       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       Image: Secold Sold         c       Net income or (loss) from sales of inventory       Image: Secold Sold       Image: Secold Sold         c       Image: Secold Sold Sold Sold Sold Sold Sold Sold S		7 :	a Gro	oss amount from sales of		(i) Securi	ties	(ii) Other				
and sales expenses       7b         c       Gain or (loss)         d       Net gain or (loss)         d       Net gain or (loss)         d       Net gain or (loss)         including §       91, 283. of contributions reported on line 1c). See Part IV, line 18         b       Less: direct expenses         g       Gross income from gaming activities. See Part IV, line 19         b       Less: direct expenses         g       Gross income from gaming activities. See Part IV, line 19         b       Less: direct expenses         g       Gross income from gaming activities. See Part IV, line 19         b       Less: direct expenses         g       Gross income form gaming activities. See Part IV, line 19         b       Less: direct expenses         g       Gross also of inventory, less returns and allowances         i0a       Gross sales of inventory         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         c       Main additional solution         c       Main additional solution         d       All other revenue         e       Total revenue. See instructions         f       Total revenue. See instructions			ass	sets other than inventory	7a							
c Gain or (loss) Tc   d Net gain or (loss) Tc   8 a Gross income from fundraising events (not including \$ 91,283. of contributions reported on line 1c). See Part IV, line 18 Ba   b Less: direct expenses Bb   24,74324,743.   9 a Gross income from gaming activities. See Part IV, line 19 9a   9 a Gross sincome from gaming activities. See Part IV, line 19 9a   9 a Gross sales of inventory, less returns and allowances 10a   10 a Gross sales of inventory, less returns and allowances 10a   b Less: cost of goods sold 10b   c Net income or (loss) from sales of inventory Image: Scode   8 a Mathematical Scode Image: Scode   9 a Gross sales of inventory, less returns and allowances 10a   11 a Image: Scode Image: Scode   9 a Image: Scode Image: Scode   9 a Image: Scode Image: Scode   11 a Image: Scode Image: Scode   12 Total revenue. See instructions 582,743.   12 Total revenue. See instructions 582,743.		I										
a Net gan or (loss)   a a   a a   a a   a a   b a   including \$ 91,283.of   o orthibutions reported on line 1c). See   Part IV, line 18 b   b Less: direct expenses   c Net income or (loss) from fundraising events   o A   a Gross income from gaming activities. See   Part IV, line 19 9a   b Less: direct expenses   c Net income or (loss) from gaming activities   a a   a Gross sales of inventory, less returns   and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Met income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   d All other revenue   e	onu											
8 a Gross income from fundraising events (not including \$91,283. of contributions reported on line 1c). See Part IV, line 18 b 24,743.	eve				· · · ·							
contributions reported on line 1c). See       Ba       0.         b       Less: direct expenses       Bb       24,743.         c       Net income or (loss) from fundraising events       > -24,743.       -24,743.         9 a       Gross income from gaming activities. See       9 a       -24,743.         9 a       Gross income from gaming activities. See       9 a       -24,743.         9 a       Gross income or (loss) from gaming activities. See       9 a       -24,743.         0 a       Gross sales of inventory, less returns and allowances       0       -24,743.         10 a       Gross sold       10a       -24,743.         c       Net income or (loss) from gaming activities.       >       -24,743.         10 a       Gross sales of inventory, less returns and allowances       10a       -24,743.         b	sr B			• • •				····· ►				
contributions reported on line 1c). See       Ba       0.         b       Less: direct expenses       Bb       24,743.         c       Net income or (loss) from fundraising events       -24,743.       -24,743.         9 a       Gross income from gaming activities. See       9a       -24,743.         9 a       Gross income from gaming activities. See       9a       -24,743.         9 a       Gross sinceme from gaming activities. See       9a       -24,743.         0 a       Gross sales of inventory, less returns and allowances       10a       -24,743.         b       Less: cost of goods sold       10b       -24,743.         c       Net income or (loss) from sales of inventory       Image: Cost of goods sold       -24,743.         10 a       Gross sales of inventory, less returns and allowances       Image: Cost of goods sold       Image: Cost of goods good       Image: Cost of goods	Othe	0										
Part IV, line 18       Ba       0.         b       Less: direct expenses       Bb       24,743.         c       Net income or (loss) from fundraising events       -24,743.       -24,743.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -24,743.       -24,743.         b       Less: direct expenses       9a       9b       -24,743.       -24,743.         c       Net income or (loss) from gaming activities       >       -       -         to a       Gross sales of inventory, less returns and allowances       10a       10b       -       -         to Less: cost of goods sold       10b       -       -       -       -         c       Net income or (loss) from sales of inventory       >       -       -       -         b       Less: cost of goods sold       10b       -       -       -       -         c       Net income or (loss) from sales of inventory       >       -       -       -       -         c       -	0											
b Less: direct expenses   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19 b   b Less: direct expenses   9 b 9 b   c Net income or (loss) from gaming activities   9 a 9 b   b Less: direct expenses   9 b 9 b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c 10 b   c 10 b   c 11 a   b State of inventory   c Business Code   d All other revenue   e Total revenue. See instructions   12 Total revenue. See instructions				-			8a	0.				
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   b Less: cost of goods sold   10 a   c Net income or (loss) from sales of inventory   ▶   b Less: cost of goods sold   11 a   b   c   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions     582,743.								24,743.				
Part IV, line 19 9a   9b 9b   b Less: direct expenses c Net income or (loss) from gaming activities and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: Cost of goods sold c Net income or (loss) from sales of inventory b Less: Cost of goods sold c Net income or (loss) from sales of inventory b Less: Cost of goods sold c Net income or (loss) from sales of inventory b Less: Cost of goods sold c Net income or (loss) from sales of inventory b Less: Cost of goods sold c Net income or (loss) from sales of inventory b Less: Cost of goods sold c Net income or (loss) from sales of inventory b Less: Cost of goods sold c Net income or (loss) from sales of inventory b Less: Cost of goods sold c Net income or (loss) from sales of inventory b Less: Cost of goods sold c Net income or (loss) from sales of inventory b Less: Cost of goods sold c Net income or (loss) from sales of inventory b Less: Cost of goods sold c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory c Net income or (los			n Ne	et income or (loss) from <sup>.</sup>	fundrai	sing evei	nt <u>s</u>	►	-24,743.			-24,743.
b Less: direct expenses 9b b constructions from gaming activities c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b constructions 10a 10a 10b constructions 10a 10b constructions 10a 10b constructi		9 ;										
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances 10a   b Less: cost of goods sold   c 10b   c Net income or (loss) from sales of inventory   b Business Code   b See instructions   c All other revenue   e Total revenue. See instructions   582,743. 67,180. 024,740.												
10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b   b   c   b   c   c   d All other revenue   e   Total revenue. See instructions     582,743.   67,180.   0.												
and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code   b							s	····· 🕨				
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory		10 8					100					
c       Net income or (loss) from sales of inventory       ▶       ▶         11 a       Business Code       ■         b       □       □       □         c       □       □       □         d       All other revenue       □       □         e       Total revenue. See instructions       ►       582,743.       67,180.       0.       -24,740.												
Business Code       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code <td></td>												
e Total. Add lines 11a-11d         12 Total revenue. See instructions         ▶ 582,743.         67,180.         0.				( , , , ,								
e Total. Add lines 11a-11d         12 Total revenue. See instructions         ▶ 582,743.         67,180.         0.	sno	11 :	a				[					
e Total. Add lines 11a-11d         12 Total revenue. See instructions         ▶ 582,743.         67,180.         0.	ane		<u> </u>									
e Total. Add lines 11a-11d         12 Total revenue. See instructions         ▶ 582,743.         67,180.         0.	cell leve											
e Total. Add lines 11a-11d         12 Total revenue. See instructions         ▶ 582,743.         67,180.         0.	Mis											
									500 710	67 100	0	-24 740
	10000			tai revenue. See instructio	JIIS				JU4,/4J.	07,100.		

THE ART THERAPY PROJECT CORPORATION

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Page **9** 

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<sup>132009 12-09-21</sup> 

THE ART THERAPY PROJECT CORPORATION Part IX Statement of Functional Expenses

, not include emerunte reported on lines Ch				(D)
o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizat	ions			
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and fore	eign			
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,				
trustees, and key employees	110,149.	66,090.	22,030.	22,029
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages		130,184.	12,949.	31,378
Pension plan accruals and contributions (include	,		,	,
section 401(k) and 403(b) employer contributions				
Other employee benefits		14,397.	2,260.	5.578
Payroll taxes		16,438.	3,787.	<u>5,578</u> 5,999
Fees for services (nonemployees):				
a Management				
b Legal		13,487.	1,600.	1,600
c Accounting		13,407.	1,000.	1,000
d Lobbying				
e Professional fundraising services. See Part IV, line				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25		0 6 1 2 6	10 000	1 (1)
column (A), amount, list line 11g expenses on Sch	4 4 4 9 9	86,136.	12,093.	<u>    4,614</u> 1,000
Advertising and promotion		3,402.	1 45 6	1,000
Office expenses		3,314.	1,456.	724
Information technology		216.	79.	
Royalties				
Occupancy				
Travel	2,892.	2,840.	52.	
Payments of travel or entertainment expense	es			
for any federal, state, or local public officials				
Conferences, conventions, and meetings		80.	735.	
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization				
Insurance	4 5 2 6	2,324.	2,202.	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. I line 24e amount exceeds 10% of line 25, column ( amount, list line 24e expenses on Schedule 0.)	f			
a SUPPLIES	8,124.	8,124.		
		5,2210		
d	-			
e All other expenses	4e 479,197.	347,032.	59,243.	72,922
Total functional expenses. Add lines 1 through 2		541,032.	JJ, 24J.	14,344
Joint costs. Complete this line only if the organiza				
reported in column (B) joint costs from a combine				
educational campaign and fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720				

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132010 12-09-21

Form 990 (2021)

08550512 756359 1681012.001

33

288,660.

33

#### Check if Schedule O contains a response or note to any line in this Part X **(A)** Beginning of year **(B)** End of year 260,265. 286,378. 1 1 Cash - non-interest-bearing 1,003. Savings and temporary cash investments 2 2 0. 3 Pledges and grants receivable, net 3 ΛF

	2	Savings and temporary cash investments		1,003.	2	1,000.
	3	Pledges and grants receivable, net		0.	3	25,300.
	4	Accounts receivable, net		1,125.	4	2,325.
	5	Loans and other receivables from any current or f				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disqualifie				
		under section 4958(f)(1)), and persons described i	n section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	<b>_</b>			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		0.	11	50,002.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		154.	15	3,822.
	16	Total assets. Add lines 1 through 15 (must equal		288,660.	16	342,714.
	17	Accounts payable and accrued expenses		5,408.	17	20,316.
	18	Grants payable			18	
	19	Deferred revenue		395.	19	3,295.
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Pa			21	
s	22	Loans and other payables to any current or forme	r officer, director,			
itie		trustee, key employee, creator or founder, substa	ntial contributor, or 35%			
Liabilities		controlled entity or family member of any of these	persons		22	
Ë	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, paya	ables to related third			
		parties, and other liabilities not included on lines -	17-24). Complete Part X			
		of Schedule D		67,300.	25	0.
	26	Total liabilities. Add lines 17 through 25		73,103.	26	23,611.
		Organizations that follow FASB ASC 958, chec	khere 🕨 🔀			
sec		and complete lines 27, 28, 32, and 33.				
alances	27	Net assets without donor restrictions		174,057.		287,103.
8	28	Net assets with donor restrictions	41,500.	28	32,000.	
pu		Organizations that do not follow FASB ASC 95				
пщ		and complete lines 29 through 33.				
Net Assets or Fund	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equ			30	
As	31	Retained earnings, endowment, accumulated inco			31	
Net	32	Total net assets or fund balances		215,557.	32	319,103.
_	00	Tatal lishilities and not exacts (fund heleness		288 660	20	312 711

Total liabilities and net assets/fund balances

THE ART THERAPY PROJECT CORPORATION

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1,000.

342,714. Form 990 (2021)

Form 990 (2021) Part X | Balance Sheet

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total expenses (must equal Part VIII, column (A), line 25)       2       4779, 197.         2       2 d779, 197.       2       4779, 197.         3       Total expenses (must equal Part X, column (A), line 25)       2       4779, 197.         2       4 row (must equal Part X, column (A), line 25)       2       4779, 197.         3       Total expenses (must equal Part X, column (A), line 25)       2       4779, 197.         5       Net urealized gains (losses) on investments       5       6       6         6       0       7       7       7         8       0       0       0.       0       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.       0         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       319, 103.         Part XII       Financial Statements and Reporting       X       X         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:	_	1990 (2021) THE ART THERAPY PROJECT CORPORATION	80-063	31181	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       582,743.         2       Total expenses (must equal Part IX, column (A), line 25)       2       4779,197.         3       Revenue less expenses. Subtract line 2 from line 1       3       103,546.         4       Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       2115,557.         5       6       6       7         7       7       7         8       Poiro period adjustments       6       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       319,103.         Part XII       Financial Statements and Reporting       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part X, column (A), line 25)       2       479, 197.         3       Revenue less expenses. Subtract line 2 from line 1       3       103, 546.         4       Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       215, 557.         5       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       6       7         6       7       7       7       7         7       7       7       7       7         8       9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       319, 103.          9       0.       10       319, 103.          10       319, 103.       Yes No          10       Separate basis, consolidated basis, or both:       Yes No <th></th> <th>Check if Schedule O contains a response or note to any line in this Part XI</th> <th></th> <th><u></u></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
2       Total expenses (must equal Part X, column (A), line 25)       2       479, 197.         3       Revenue less expenses. Subtract line 2 from line 1       3       103, 546.         4       Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       215, 557.         5       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       6       7         6       7       7       7       7         7       7       7       7       7         8       9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       319, 103.          9       0.       10       319, 103.          10       319, 103.       Yes No          10       Separate basis, consolidated basis, or both:       Yes No <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
3       Revenue less expenses. Subtract line 2 from line 1       3       103,546.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       215,557.         5       Donated services and use of facilities       6       6         7       8       7       8         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       319,103.         Part XII       Financial Statements and Reporting       X       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       S       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       D       X       Za       X	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       215, 557.         5       Net unrealized gains (losses) on investments       5       6         6       6       7         7       8       8       6         8       9       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       319, 103.         Part XII       Financial Statements and Reporting       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, " explain on Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, " explain on Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       S Accrual       Other, " explain on Schedule O.       2a       X         1       Mere the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       X         1       Mere the organization's financial state	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments   6   7   7   8   9   9   0.ther changes in net assets or fund balances (explain on Schedule O)   9   10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X)   10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X)   11   Check if Schedule O contains a response or note to any line in this Part XII   11   Accounting method used to prepare the Form 990:   12   14   14   15   15   16   17   17   18   19   10   10    11   11   12   12   13   14   14   15   15   16   17   17   18   19   118   118   118   129   120   121   121   1221	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities   7 investment expenses   8 Prior period adjustments   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other changes in net assets or fund balances (explain on Schedule O)   9 Other   10 319,103.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X If the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   9 Were the organization's financial statements and fependent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   0 Were the organization's financial statements and selection of an independent accountant?   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 process during the tax year, explain o	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	215	5 <b>,</b> 5!	<u>57.</u>
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   Part XII Financial Statements and Reporting 10   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2a X   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization changed either its oversight process or selection process during the tax year, explain o	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments   9 Other changes in net assets or fund balances (explain on Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 Taccounting (B)   11 Accounting method used to prepare the Form 990:   12 Check if Schedule O contains a response or note to any line in this Part XII   11 Accounting method used to prepare the Form 990:   12 Cash   14 Accounting method used to prepare the Form 990:   15 Cash   16 Yes   17 The organization's financial statements compiled or reviewed by an independent accountant?   16 Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both:   11 Separate basis   12 Consolidated basis   13 Both consolidated and separate basis   14 Were the organization's financial statements audited by an independent accountant?   17 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.   16 Were the organization's financial statements audited by an independent accountant?   17 If "Yes," check a box below to adjuate whether the financial statements for the year were audited on a separate basis.   16 Were the organization's financial statements audited by an independent accountant?   17 If "Yes," tokica basis, or both:   18 Separate basis <th>6</th> <td>Donated services and use of facilities</td> <td>6</td> <td></td> <td></td> <td></td>	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 319,103.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain on Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Devere the organization's financial statements and independent accountant? If "Yes," check a box below to indicate due the financial statements for the year were audited on a separate basis. Devere the organization is financial statements and independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Description of its financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis C If "Yes," to che a 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? A s a result o	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       319,103.         Part XII       Financial Statements and Reporting       X       X       Yes       No         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes       No         1 Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Ves       No         1 Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Separate basis       Consolidated basis, or both:       2a       X       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X       Image: Consolidated basis, or both:       2b       X       Image: Consolidated basis, or both:       Image: Consolidated basis, or bo	8	Prior period adjustments	8			
column (B)       10       319,103.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2a       X       Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a basis       Consolidated	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2a       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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?       2c       X         If "Yes," to line 2a or 2b, does the organization nequired to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       a       a	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
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1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   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 on Schedule O.   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 di					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits? If the organization did not undergo the required audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis, or both:       Im		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   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 on Schedule O.   3a   3a   X   b   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u> </u>
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         3a       X       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If the organization did not undergo the required audit		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:						
consolidated basis, or both:       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparize the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Comparize the organization did not undergo the required audit	b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	<u> </u>
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Image: Consolidated basis       Description of the audit, and the audit, and the audit, and the audit, and the audit audit and the audit audit audit and the audit a		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         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?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Committee that assumes responsibility for oversight of the audit, and the organization undergo the required audit or audits?       Image: Committee that assumes responsibility for oversight of the audit, and the organization undergo the required audit or audits?       Image: Committee that assumes responsibility for oversight of the audit, and the organization undergo the required audit or audits?						
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 on Schedule O. <b>3a</b> 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>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.         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	с		,			
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       3a       X         Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Content of the organization did not undergo the required audit		review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	<u> </u>
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Control of the organization of the organization did not undergo the required audit		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
		Act and OMB Circular A-133?		3a		<u> </u>
or audits, explain why on Schedule Q and describe any steps taken to undergo such audits	b					
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2021)

(Form 990)

Total

# 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.

	OMB No. 1545-0047
	2021
	Open to Public Inspection
Employer	identification number

T

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Nan	ne of t	the organizati	on						Employer	identification number
					Y PROJECT CO					0-0631181
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete tl	his part.) S	ee instructior	ıs.	
The	organ	ization is not a	a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)( <sup>-</sup>	I)(A)(i).		
2		A school des	cribed in <b>sect</b>	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	<b>)(b)(1)(A)(i</b> i	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	ion operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	init describe	ed in
		section 170	(b)(1)(A)(iv). (0	Complete Part II.)						
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X				ntial part of its support fi				he general p	oublic described in
				complete Part II.)		Ū				
8					(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research or	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
					ulture (see instructions).					
		university:			, , , , , , , , , , , , , , , , , , ,			,	0	
10			ion that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from
		-		• • • •	t to certain exceptions; a				-	-
					(less section 511 tax) fro					-
				mplete Part III.)	,		·	,	5	
11					ively to test for public sa	fety. See	section 50	09(a)(4).		
12		-	-	-	ively for the benefit of, to	•			arry out the	purposes of one or
					ed in section 509(a)(1) o					
					f supporting organization					
а		-			supervised, or controlled					aivina
				-	gularly appoint or elect a	•	-		•••••	
			-	complete Part IV, Se		, ,				11 5
b		<b>-</b>			l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hay	vina
					anization vested in the sa					
			0	st complete Part IV,					<b>3</b>	
с		¬ -		-	g organization operated	in connec	tion with. a	and functiona	llv integrate	ed with.
			-		). You must complete I					,
d		¬ ··	0		porting organization oper				rted organiz	zation(s)
-			-		zation generally must sat				-	
			-		nplete Part IV, Sections	-		-		
е		_			written determination fro				II. Type III	
-			•		nally integrated supporti			.)pe., .)pe	., .,թ	
f	Ente	er the number		·						
q			• •	n about the supporte						
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

## Schedule A (Form 990) 2021 THE ART THERAPY PROJECT CORPORATION 80-0631181 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	502,718.	632,026.	582,687.	576,351.	540,303.	2834085.
2	Tax revenues levied for the organ-						
	ization'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 $\dots$						
4	Total. Add lines 1 through 3	502,718.	632,026.	582,687.	576,351.	540,303.	2834085.
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)						1012869.
	Public support. Subtract line 5 from line 4.						1821216.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	502,718.	632,026.	582,687.	576,351.	540,303.	2834085.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						_
	and income from similar sources $\dots$					3.	3.
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 VI.)						
11	Total support. Add lines 7 through 10						2834088.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	301,551.
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and stor		······				
	tion C. Computation of Publi						<u> </u>
	Public support percentage for 2021 (I					14	64.26 %
	Public support percentage from 2020						100.00 %
16a	33 1/3% support test - 2021. If the c				14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact					VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	0				-	10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu		•		• •		
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	• <b>•</b>

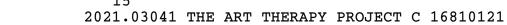
Schedule A (Form 990) 2021

132022 01-04-22

Schedule A	(Form 990) 2021	THE	ART	THERAPY	PROJECT	CORPORATION
Part III	Support Schedule	for Orga	nizatio	ons Describe	ed in Sectior	n 509(a)(2)

(Co	mplete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qua	lify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	<u>, prodoc comp</u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support				•		•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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 VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here				·		
See	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
See	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
<b>19</b> a	33 1/3% support tests - 2021. If the	organization did r	not check the box (	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	t <b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	
1320	23 01-04-22		15			Schedule A	A (Form 990) 2021



Schedule A (Form 990) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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10b Schedule A (Form 990) 2021

### Schedule A (Form 990) 2021 THE ART THERAPY PROJECT CORPORATION

Yes No

1

1 4			
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	ion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization. 2		

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* 

Section D	. All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1 Che	ck the box next to the me	thod that the organiza	ation used to satisfy	the Integral Part Test	t during the vear	(see instructions).
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- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions	).
---	--	---	-------------------------	-----------------	---------------------	-------------------	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

Yes No 2a 2a 2b 2b 2b 3a 3a 3b 3b 5chedule A (Form 990) 2021

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	dule A (Form 990) 2021 THE ART THERAPY PROJEC			80-0631181 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting c	organization (see

Schedule A (Form 990) 2021

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instructions).

THE	ART	THERAPY	PROJECT	CORPORATION
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		PY PROJECT CORI			0-0631181	Page 7
Par		a)(3) Supporting Orga	nizations (continu	ued)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributat Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D.					
•	line 7: \$					
a	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
-	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
Ŭ	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

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<u>Schedule A</u> (	Form 990) 2021		ART THE							80-063		Page
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	lines 1, 2, 3b, 3c tion D, lines 2 an	c, 4b, 4c, 5a, 6, d 3; Part IV, Se	9a, 9b, 9 ection E,	9c, 11a, 11I lines 1c, 2a	b, and 1 1, 2b, 3a	1c; Part I , and 3b;	V, Section E Part V, line	e 17a or 13 3, lines 1 ai 1; Part V, S	7b; Part III, I nd 2; Part IV Section B, li	ine 12; /, Section ne 1e; Par	C,
	(See instructions.)											
32028 01-04-22	:				20					Schedule A	A (Form 9	90) 202

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### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

## 2021

Employer identification number

80-	06	31	181
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Name of the organization	511				
	THE	ART	THERAPY	PROJECT	CORPORATION
Organization type (che	eck one):				

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

08550512 756359 1681012.001

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 125,800. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 76,442. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 32,240. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 30,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 20,750. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 23

### THE ART THERAPY PROJECT CORPORATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

(a)

Employer identification number

(d)

80-0631181

(c)

Page 2

THE ART THERAPY PROJECT CORPORATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 16,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll Noncash 12,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

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Page 2 Employer identification number

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		Date received
\$_		
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
\$_		
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
[		
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
[		
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
[ \$		
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (See instructions.)	(d) Date received
\$		

25

### THE ART THERAPY PROJECT CORPORATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

80-0631181

Schedule B	(Form 990) (2021)		Page <b>4</b>								
Name of org	ganization		Employer identification number								
THE AR	T THERAPY PROJECT CORPO	DRATTON	80-0631181								
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year								
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) \$								
(a) No.	Use duplicate copies of Part III if additional	space is needed.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
			—   ———								
		(e) Transfer of gift									
	Transformals many address a		Deletionskip of homoformula homoforma								
F	Transferee's name, address, a		Relationship of transferor to transferee								
(a) No.			/								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
			—   ———								
	(e) Transfer of gift										
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee								
		· [									
		[									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
	(e) Transfer of gift										
-	Transferee's name, address, a		Relationship of transferor to transferee								
(a) No.											
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
Ļ											
		(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee								
		[									
123454 11-11-2	21		Schedule B (Form 990) (2021)								

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<sup>26</sup> 2021.03041 THE ART THERAPY PROJECT C 16810121

SCHEDULE D	)
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(Form 9	90)
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### Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

THE ART THERAPY PROJECT CORPORATION 80-0631181 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 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? No Yes 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 No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes No \_\_\_\_\_ [ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021 132051 10-28-21

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2021.03041 THE ART THERAPY PROJECT C 16810121

_		THERAPY P							31181		2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	easures, or	Other S	Similar	Asset	S (continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the t	following that	make sign	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 La	an or exc	hange progra	ım					
b	Scholarly research	e	• 🗌 0 <sup>+</sup>	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organizatio	n's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, histo	orical treas	sures, or othe	r similar as	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiz	ation's co	llection?				Yes		0
Par	t IV Escrow and Custodial Arran							, Part IV,	line 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ntribution	s or other ass	ets not inc	luded				
	on Form 990, Part X?								Yes		o
b	If "Yes," explain the arrangement in Part XIII							······ <u> </u>			
									Amount		_
c	Beginning balance						1c				_
	Additions during the year						1d				
	Distributions during the year						1e				_
	Ending balance						16 1f				
	Did the organization include an amount on Fe						· · · ·		Yes		~
	If "Yes," explain the arrangement in Part XIII.					-					
	t V Endowment Funds. Complete i										-
		(a) Current year	(b) Prie		(c) Two year			ears back	(e) Four	years back	~
10	Beginning of year balance	(,	(	, <u>,</u>	(1)		<b>,</b>		(-)	<u>,</u>	<u> </u>
											_
	Contributions										_
	Net investment earnings, gains, and losses										
	Grants or scholarships										_
е	Other expenditures for facilities										
	and programs										_
	Administrative expenses										_
g	End of year balance		(): 4		<u> </u>						_
2	Provide the estimated percentage of the curr			column (a	)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	are held ar	nd administer	ed for the o	organiza	tion	<b></b>		_
	by:									Yes No	<u> </u>
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fur	ids.							
Par	t VI Land, Buildings, and Equipm						10				
	Complete if the organization answere										
	Description of property	(a) Cost or c			t or other	• •	umulate	d	<b>(d)</b> Book	value	
		basis (investr	nent)	basis	(other)	depre	eciation				
	Land										
	Buildings										
с	Leasehold improvements										
d	Equipment										_
e	Other										_
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	(B), line 1	0c.)					0	•
							:	Schedule	D (Form	990) 202	21

Schedule	D (Form 990) 2021 THE ART THE	RAPY PROJECT	CORPORATION	80-0631181 Page <b>3</b>
Part VI				
	Complete if the organization answered "Yes"		11b. See Form 990, Part X, lir	ne 12.
(a) Descr	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financ	cial derivatives			
(2) Closel	ly held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	. (b) must equal Form 990, Part X, col. (B) line 12.) ► III Investments - Program Related. Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X. lin	ne 13
	(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)				
(1)				
<u>(2)</u> (3)				
<u>(3)</u> (4)				
( <del>1</del> )(5)				
(6)				
(7)				
(8)				
(9)				
	. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, lir	ne 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Co	lumn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Pa	rt X, line 25.
1.	(a) Description of liability			(b) Book value
(1) Fe	ederal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Co	lumn (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
2. Liabilit	ty for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial st	·
organi	ization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote h	as been provided in Part XIII 🚺

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 THE ART THERAPY PROJECT (				531181 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	l2a.			
1	Total revenue, gains, and other support per audited financial statements			1	739,710.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	132,224.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		24,743.		
е	Add lines 2a through 2d			2e	156,967.
3	Subtract line 2e from line 1			3	582,743.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State			5	582,743.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				636,164.
1	Total expenses and losses per audited financial statements			1	636,164.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	120 004		
а	Donated services and use of facilities		132,224.	-	
b	····· )			-	
С	Other losses		04 742	-	
d	Other (Describe in Part XIII.)		24,743.		156 069
е	Add lines 2a through 2d			2e	156,967.
3	Subtract line 2e from line 1			3	479,197.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b			•
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	479,197.
	rt XIII Supplemental Information.				
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	art IV, lines 1b	and 2b; Part V, line 4	∔; Part X, I	line 2; Part XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY WHEN

THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED

THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT THAT WOULD

REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE

ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR FISCAL PERIODS

30

PRIOR TO 2018.

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

#### 24,743.

### PART XII, LINE 2D - OTHER ADJUSTMENTS:

132054 10-28-21

Schedule D (Form 990) 2021 Part XIII Supplemental Infor	THE	ART	THERAPY	PROJECT	CORPORATION	80-0631181 Page 5
Part XIII Supplemental Infor	mation	(contin	ued)			
FUNDRAISING EXPENSE:	3					24,743.
	<i>.</i>					21//100
						Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	Supplemental Information Regarding Fundraising or Gaming Activities								
(Form 990)	or if the	2021								
Department of the Treasury		Open to Public								
Internal Revenue Service		Inspection								
Name of the organization	THE ART	THERAPY PROJECT C	ORPO	DRA'	LION		Employer id 80-0631	entification number		
	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not		
1 Indicate whether th	e organization rais	ed funds through any of the followin	g activ	vities.	Check all that apply.					
a 📃 Mail solicitat	ions			•	overnment grants					
_	email solicitations			•	nment grants					
c Phone solici		g 🔄 Special	fundra	aising	events					
d In-person so		r oral agreement with any individual	(includ	ling of	ficare directore true	toos	or			
		art VII) or entity in connection with p				ices,	∪ ∏Ye	s 🗌 No		
	highest paid indiv	viduals or entities (fundraisers) pursu			•	ne fur				
					1			1		
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization		
			Yes	No	-					
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from r	egistration		
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z.		Schedul	e G (Form 990) 2021		

THE ART THERAPY PROJECT CORPORATION 80-0631181 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraicing event contributions and gross income on Form 990-F7 lines 1 and 6h. List events with gross ceints greater than \$5,000

		or fundraising event contributions and gro	JSS Income on Form 990	EZ, Ilfies T and 60. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CELEBRATE	MOVE FOR		(add col. (a) through
			ART THERAPY	MENTAL HEALT	2	col. (c)
ø			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	61,932.	15,950.	13,401.	91,283.
Ŧ	2	Less: Contributions	61,932.	15,950.	13,401.	91,283.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		850.	4,533.	24,743.
	10	Direct expense summary. Add lines 4 through				24,743.
	11	Net income summary. Subtract line 10 from li				-24,743.
Pa	rt I	<b>III Gaming.</b> Complete if the organization a	answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev		0				
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor		□ <u>No</u> /0	□ No //	
	Ŭ					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
					,	
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
-						
13208	82 10	)-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	THE	ART	THERAPY	PROJECT	CORPORATION	80-06	531181	Page 3
	Does the organization conduct ga Is the organization a grantor, ben							Yes	No
	to administer charitable gaming?							Yes	No No
	Indicate the percentage of gaming						Í	10-	07
	The organization's facility							13a 13b	<u>%</u>
	Enter the name and address of th								/0
	Name 🕨	-			-				
	Address 🕨								
15a	Does the organization have a con	tract with	n a third	party from who	m the organizati	on receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gam					and the ar	mount		
	of gaming revenue retained by the								
C	If "Yes," enter name and address	of the thi	ird party	/:					
	Name ►								
	Address 🕨								
16	Gaming manager information:								
	Name ►								
	Gaming manager compensation	► \$							
	Description of services provided	▶							
	Director/officer	Em Em	nployee		Independent	contractor			
17	Mandatory distributions:								
	Is the organization required under	state lav	v to mal	ke charitable dis	stributions from	the gaming proceeds to			
								Yes	🗌 No
b	Enter the amount of distributions	•			istributed to oth	er exempt organizations or spen	t in the		
Pa		mation	<ul> <li>Provid</li> </ul>	de the explanati		Part I, line 2b, columns (iii) and (	v); and Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicat	ole. Also	provide any ad	ditional informat	ion. See instructions.			
PA	RT II, FUNDRAISING	G EVE	NTS						
AL	L OF THE ORGANIZAT	rion'	S SF	ECIAL EV	VENTS WEE	RE HELD VIRTUALLY	AND		
AT	TENDEES RECEIVED I	NO RE	TURN	BENEFI'	r. THUS,	100% OF THE SPEC	CIAL EN	/ENT	
RE	VENUE ARE CONTRIB	JTION	ıs.						
13208	33 10-21-21						Schedul	e G (Form	990) 2021

Schedule G	(Form 990) Supplemental Infor	THE	ART	THERAPY	PROJECT	CORPORATION	80-0631181	Page 4
Part IV	Supplemental Infor	mation	(contin	ued)				
132004 11 10 2	21						Schedule G (Fo	orm 990)
132084 11-18-2	- 1							

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		0004		
•	Compensated Employees			2021		
Deres	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>			Open to	Publ	ic
	Image: Provide and the service       ► Attach to Form 990.         ► Go to www.irs.gov/Form990 for instructions and the latest information.			Inspe	ction	
Nam	e of the organizatio	Employer i	identificatio	on nur	nber	
		THE ART THERAPY PROJECT CORPORATION	80-0	0631183	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
_						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract					
	Independent compensation consultant					
X    Form 990 of other organizations      X    Approval by the board or compensation committee						
4	During the year di	A only nervon listed on Form 000. Dout VII. Section A line to with respect to the filing				
4		d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re	-		40		x
a b		e payment or change-of-control payment?				X
	<ul> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> </ul>					X
C				4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the r					
а	-			5a		х
	b Any related organization?					X
		or 5b, describe in Part III.		<u>5b</u>		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	•	~ 				Х
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
	not described on lines 5 and 6? If "Yes," describe in Part III					X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
Regulations section 53.4958-6(c)? 9						
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2021

132111 11-02-21

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARTHA DORN	(i)	93,048.	0.	0.	0.	17,100.	110,148.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, PART VII, SECTION A, LINE 5

MARTHA DORN, EXECUTIVE DIRECTOR, IS COMPENSATED BY THE SCHOOL OF VISUAL

ARTS, AN AFFILIATED BUT UNRELATED ORGANIZATION. SHE DEVOTES 100% OF HER

TIME TO THE ART THERAPY PROJECT. THE ORGANIZATION REIMBURSES THE SCHOOL

OF VISUAL ARTS FOR HER SALARY AND BENEFITS.

Schedule J (Form 990) 2021

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 80-0631181

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

THERAPY TO ADULTS AND YOUTH AFFECTED BY TRAUMA. USING THE ART-MAKING

THE ART THERAPY PROJECT CORPORATION

PROCESS AND WITH SUPPORT FROM OUR ART THERAPISTS, CLIENTS LEARN HOW TO

EXPLORE FEELINGS, INCREASE SELF-AWARENESS AND COPE WITH LIFE'S

CHALLENGES.

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

SELF-AWARENESS AND COPE WITH LIFE'S CHALLENGES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ORGANIZATION BEGAN DEVELOPING A NEW PROGRAM CALLED THE PRACTICE,

WHICH BECAME FULLY FUNCTIONAL IN 2020. THE PRACTICE IS AN INDIVIDUAL,

FEE-FOR-SERVICE PROGRAM. THE PROGRAM WAS DESIGNED TO BECOME A REVENUE

STREAM TO SUPPORT THE FREE GROUP ART THERAPY OUR OTHER PROGRAMS

PROVIDE.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS DEBORAH FARBER, DAVID RHODES, AND VAL SERENO ARE EMPLOYED BY

THE SCHOOL OF VISUAL ARTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS INITIALLY REVIEWED BY THE BOARD CHAIR AND TREASURER AND AN

ELECTRONIC COPY IS PROVIDED TO ALL BOARD MEMBERS. THE BOARD CHAIR AND

TREASURER PRESENT THE FORM 990 TO THE FINANCE COMMITTEE AND FULL BOARD OF

DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING WITH THE IRS.

Schedule O (Form 990) 2021	Page <b>2</b>			
Name of the organization THE ART THERAPY PROJECT CORPORATION	Employer identification number 80-0631181			
FORM 990, PART VI, SECTION B, LINE 12C:				
ALL BOARD MEMBERS AND OFFICERS MUST SIGN A CONFLICT OF INT	EREST DISCLOSURE			
STATEMENT ANNUALLY. IN CONNECTION WITH ANY ACTUAL OR POSSI	BLE CONFLICTS OF			
INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE	AND NATURE OF			
THE FINANCIAL INTEREST TO THE DIRECTORS AND MEMBERS OF COM	MITTEES WITH			
BOARD-DELEGATED POWERS. AFTER DISCLOSURE OF THE INTEREST,	THE INTERESTED			
PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE TH	IE INTEREST IS			
DISCUSSED. THE REMAINING BOARD MEMBERS SHALL DETERMINE IF A CONFLICT OF				
INTEREST EXISTS BY VOTE WHEREIN A MAJORITY OF THE VOTES SHALL BE REQUIRED				
TO ESTABLISH THAT A CONFLICT OF INTEREST EXISTS. IF THE BOARD OR COMMITTEE				
HAS REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR OR MEMBER HAS FAILED TO				
DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE				
INTERESTED PERSON OF THE BASIS OF SUCH BELIEF AND AFFORD THE MEMBER AN				
OPPORTUNITY TO EXPLAIN. IF, AFTER HEARING THE RESPONSE OF THE INTERESTED				
PERSON, THE BOARD DETERMINES THAT THE MEMBER HAS FAILED TO DISCLOSE AN				
ACTUAL OR POSSIBLE CONFLICT OF INTEREST OR HAS BREACHED THE FIDUCIARY DUTY				
TO KEEP THE BOARD OR COMMITTEE MEETINGS CONFIDENTIAL, IT SHALL TAKE				
APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. SUCH MATTERS INVOLVING THE				
EXISTENCE OF CONFLICTS OF INTEREST ARE TO BE DOCUMENTED IN THE MINUTES OF				
THE BOARD.				

THE CHAIRPERSON OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization THE ART THERAPY PROJECT CORPORATION	Employer identification number 80-0631181
IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT F	REASONABLY
ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO	A CONFLICT OF
INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJO	DRITY VOTE OF THE
DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS WHETHER THE	TRANSACTION OR
ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR	ITS OWN BENEFIT
AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE	CORPORATION AND
SHALL MAKE ITS DECISIONS AS TO WHETHER TO ENTER INTO THE T	TRANSACTION OR
ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. THE DIF	RECTOR OR
COMMITTEE MEMBER WHO IS THE SUBJECT OF THE CONFLICT OF INT	TEREST SHALL NOT
PARTICIPATE IN THE DELIBERATIONS EXCEPT TO ANSWER QUESTION	IS AND SHALL NOT
BE PRESENT IN THE ROOM DURING THE DELIBERATIONS OR VOTE.	

IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR OR MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST OR HAS BREACHED THE FIDUCIARY DUTY TO KEEP BOARD DISCUSSIONS CONFIDENTIAL, IT SHALL INFORM THE DIRECTOR OR MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE OR BREACH.

IF, AFTER HEARING THE RESPONSE OF THE DIRECTOR OR MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE DIRECTOR OR MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST OR HAS BREACHED THE FIDUCIARY DUTY TO KEEP BOARD OR COMMITTEE DISCUSSIONS CONFIDENTIAL, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE	15A:
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ON AN ANNUAL BASIS, THE ORGANIZATION'S COMPENSATION COMMITTEE COMPRISED OF 132212 11-11-21 Schedule O (Form 990) 2021 41 08550512 756359 1681012.001 2021.03041 THE ART THERAPY PROJECT C 16810121

Schedule O (Form 990) 2021	Page <b>2</b>			
Name of the organization THE ART THERAPY PROJECT CORPORATION	Employer identification number 80-0631181			
THE BOARD'S CHAIR AND TREASURER REVIEWS COMPENSATION AT CO	MPARABLE			
NON-PROFIT ORGANIZATIONS TO DETERMINE APPROPRIATE SALARY L	EVEL. ANY			
INCREASE IS DETERMINED BY THE ORGANIZATION'S OVERALL FINAN	CIAL HEALTH AND			
ANTICIPATED CASH FLOW FOR THE FOLLOWING FISCAL YEAR. THE R	ECOMMENDED AMOUNT			
IS INCLUDED IN THE BUDGET FOR APPROVAL BY THE FINANCE COMM	ITTEE AND FULL			
BOARD OF DIRECTORS. BUDGET APPROVAL IS NOTED IN THE MINUTE	S OF BOTH THE			
FINANCE COMMITTEE AND BOARD OF DIRECTORS MEETING. THE EXEC	UTIVE DIRECTOR IS			
THE HIGHEST PAID STAFF POSITION AND THE ONLY ONE THAT QUAL	IFIES FOR REVIEW			
BY THE BOARD CHAIR AND/OR TREASURER.				
FORM 990, PART VI, SECTION C, LINE 19:				
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST				
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.				
FORM 990, PART IX, LINE 11G, OTHER FEES:				
CONTRACTED SERVICES:				
PROGRAM SERVICE EXPENSES	84,634.			
MANAGEMENT AND GENERAL EXPENSES	0.			
FUNDRAISING EXPENSES	0.			
TOTAL EXPENSES	84,634.			
	_			
PROFESSIONAL DEVELOPMENT:				
PROGRAM SERVICE EXPENSES	1,002.			
MANAGEMENT AND GENERAL EXPENSES	587.			
FUNDRAISING EXPENSES	96.			
TOTAL EXPENSES	1,685.			

CONSULTANTS:

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization THE ART THERAPY PROJECT CORPORATION	Employer identification number 80-0631181
PROGRAM SERVICE EXPENSES	500.
MANAGEMENT AND GENERAL EXPENSES	11,506.
FUNDRAISING EXPENSES	4,518.
TOTAL EXPENSES	16,524.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	102,843.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS A FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY

FOR THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN

INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR

YEAR.